



REPORT

OF THE

CITY MEDICAL OFFICER CITY OF DUBLIN

FOR THE YEAR 1951

Including Report of Port Medical Officer

BY

JAMES A. HARBISON, M.D., D.P.H., M.P.H.

City Medical Officer.

DUBLIN :

PRINTED BY SEALY, BRYERS & WALKER

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CONTENTS.

	PAGE
Preface	5
Maternity and Child Welfare	17
School Medical Service	27
Midwives and Maternity Homes	41
Vergemount Hospital	43
Tuberculosis :	
St. Mary's Chest Hospital	56
Rialto Hospital	66
Crooksling Sanatorium	76
T.B. Clinic, Charles Street West	92
B.C.G. Scheme	98
Mass Radiography	105
Veterinary Department	109
Sanitary Department	128
Port Health	152
City Bacteriological Laboratory	163
City Analyst's Department	165
Blind Persons	174
Public Cleansing	175
Water Supply	177
Baths and Wash Houses	178
Disinfecting and Disinfesting Department	179
Places of Public Resort	182

“ Disease in any community is always more costly than the measures required for its control.”

—SIR ARTHUR NEWSHOLME.

PREFACE

Municipal Buildings,
Dublin.

P. J. HERNON, ESQ., B.COMM., LL.D.,
City Manager and Town Clerk.

I have the honour to present my Annual Report on the health of the City of Dublin during the year 1951. This report, the fourth of my series, shows a steady increase in the efficiency of our Public Health Services. This, to some extent, is reflected in the vital statistics of the different sections in the service, but statistics alone cannot show the added happiness which the preservation of health and the prevention of disease have brought to homes through the operation of the services devoted to public health. The further wise and intelligent use of these services by our citizens will bring greater happiness to them in added health, and will bring greater satisfaction to those who serve them in the results which their labours must produce.

Whilst in comparison with previous years there are some statistics with which we may be distinctly satisfied, others indicate room for further improvement.

VITAL STATISTICS.

Population	....	....	521,322
Births	....	....	12,841
Birth Rate	....	....	24.6
Deaths (all causes)	....	....	6,219
Death Rate	....	....	11.9
Infant Deaths	....	....	575
Infant Mortality Rate (Deaths of infants under 1 year per 1,000 births)	....	....	45
Neo-Natal Mortality Rate (Deaths of infants under 1 month per 1,000 births)	....	....	28
Deaths from Principal Epidemic Diseases	....	....	48

Death Rate from Principal Epidemic Diseases	....	....	0.09
Deaths from Tuberculosis (all forms)	....	....	434
Death Rate Tuberculosis (all forms)	....	....	0.83
Deaths from Tuberculosis (Pulmonary)	....	....	367
Death Rate Tuberculosis (Pulmonary)	....	....	0.70
Deaths from Cancer	....	....	728
Death Rate from Cancer	....	....	1.03

The death rate from all causes was 11.9 compared with 11.0 in the previous year, but most of this increase occurred in the age group 65 years and upwards. For 1951 the death rate for Ireland (26 Counties) was 14.3 compared with 12.6 for the previous year. In Dublin as elsewhere in Ireland, a severe epidemic of Influenza in the early months of 1951 caused heavy mortality among the higher age groups.

It is satisfactory to record a further decrease, even if not as substantial as we had hoped in the infant mortality rate, which was 45 compared to 48 in 1951, but when we look back (Table I) to the figures for 1943 and 1944 (128 and 125) it will be seen that we have done much to improve the prospects in infant life. In Dublin as elsewhere, the reduction is mainly in the deaths occurring in the later months of the first year and the neo-natal mortality (deaths in the first month of life) is becoming more and more evident as the hard core of infant mortality. Of the total of 575 infant deaths 360 or 63% were neo-natal deaths. Foetal and infant pathology is difficult, and its relation to maternal condition must require very careful interpretation. Even with autopsy (which is only done in a very limited number of cases) clinical explanations of the causes of infant death must often be inaccurate or inconclusive.

In Dublin in 1951 of a total of 360 neo-natal deaths notified 158 were attributed to prematurity.

Whilst prematurity is usually attributed to infants under $5\frac{1}{2}$ lbs. weight, estimation of the age of a new-born child must take into consideration statements of the mother and description of signs and symptoms of duration, all subject to error, and so render weight just one pointer, even if a valuable one. Perhaps in view of the comparatively high percentage of neo-natal deaths in Dublin attributed to prematurity it might be well to attempt to get the weight at birth of infants stated on the notification of birth forms. Prematurity as a main cause of death is accepted by the Registrar-General in the early months of life, and so this group must include infants dying from causes unstated because of the difficulty of their detection. A study of recent statistics supplied by the Registrar-General also shows that deaths in the first week of life are forming a steadily increasing proportion of deaths in the first 28 days and these deaths must be allied in aetiology to still births.

As a result of proposals made by the Committee set up by the Minister, referred to in my last Report, neo-natal units were established in the three Maternity Hospitals early in the year 1951, but it is yet too early to estimate the part they are playing in our attack on neo-natal mortality.

No legislation exists in regard to the registration of still-births. A child who, whatever the period of pregnancy, breathes or shows other signs of life after complete expulsion is live born and must be notified and registered. The registration of still-birth, especially if a medical certificate or certificate from a State Certified Midwife should accompany it, might add to our knowledge in the study of neo-natal mortality.

Another development in our Child Hygiene scheme during 1951 has been an effective adjuvant. During the severe epidemic of gastro-enteritis in 1949 and 1950 special clinics were established to which mothers were advised by doctors or health visitors to bring their babies if suffering from diarrhoeal disease, and through these clinics, St. Clare's Hospital and the

“ flying squads ” most of the cases were dealt with. When the epidemic subsided it was decided to continue the use of these clinics, as “ sick baby ” clinics. The care of these clinics was taken over by the paediatricians attending St. Clare’s Infants Hospital, and so babies could be followed from their primary illness through clinic and hospital until restored again to the well-baby clinic.

The birth rate shows an increase from 23.7 to 24.6, whilst that for Ireland (26 Counties) is 21.2.

The death rate from the principal epidemic diseases 0.09 is the lowest yet recorded. Of these, Whooping Cough and its complications accounted for 16 and Measles for 10. Three deaths from Poliomyelitis occurred. There were no deaths from Diphtheria, Scarlet Fever, or Typhoid Fever.

Influenza is not as yet a notifiable disease, although Influenzal Pneumonia is notifiable. There were 76 cases notified as Influenzal Pneumonia. In the Registrar-General’s returns 181 deaths are returned as Influenza and 333 as Pneumonia, so it seems probable that a large percentage of the pneumonia deaths were influenzal in origin. These occurred during the epidemic referred to above in the beginning of the year.

Deaths from Cancer were 728 as compared with 707 in 1950 and 731 in 1949. Whilst the fact that there are more people in the later age groups than formerly is often advanced as the main cause for the increased mortality from this cause, it cannot be accepted as a complete explanation. Until cancer research can point out methods of prophylaxis, a control programme must be based on early diagnosis and treatment. For this purpose suitably equipped clinics must be established.

Our Anti-Tuberculosis campaign continues to show results, even if progress is not as much as we might wish. Increase in institutional accommodation and expansion of therapeutic facilities in institutions and dispensaries with further use of our prophylactic measures have all combined to give a new low record figure of 367 deaths for 1951. A glance at Table I

will show that this is slightly less than half the number of deaths nine years ago. Outside the measures in the Anti-Tuberculosis Scheme, other factors such as housing, nutrition, occupation and recreational facilities all play their part, and the extent to which satisfactory provision is made in these factors must also influence the tuberculosis morbidity and mortality rate. A further addition to institutional accommodation is planned by the addition of 240 beds at Ballyowen Sanatorium when this is completed. The reports of the Resident Medical Superintendents tell of the increase in therapeutic work, St. Mary's showing an increase of 50% in thoracic surgery. In regard to chemotherapy the statement by Dr. Duffy, Rialto, that "Chemotherapy shows no major advance in the past year" summarises the situation. The establishment of Occupational Therapy in Crooksling Sanatorium has been a useful adjunct to our therapeutic outpost. The report of the Chief Tuberculosis Officer shows a substantial increase in the number of contacts examined, whilst the reports on the work of the B.C.G. and the Mass Radiography Sections show energetic action in expanding the preventive programme. While paying well-earned tribute to all these services, analysis of the cases on admission to sanatorium shows that a substantial number of cases did not come under observation until the disease was clearly established. Whilst shorter waiting lists by increased institutional accommodation and extension of prophylaxis especially mass radiography, may help to bring cases earlier under treatment, the social and scientific factors which play such a part in the struggle between infection and resistance must all be taken into account in the efforts ahead to further reduce this scourge in our city, where it still averages more than a death per day.

Deaths by Age Groups.

Under 1 year	1 and under 5	5 and under 15	15 to 45	45 to 65	65 and upwards	TOTAL
575	104	65	608	1,607	3,260	6,219

From the above it will be seen that of a total of 6,219 there were 3,260 or 52.4% of the deaths occurred at ages of 65 and over, as compared with 2,944 or 49.9% of the deaths in 1950. The fact that now over half the total deaths are occurring in the highest age group emphasises not only the increase in the expectation of life, but the problem of the State's responsibility to the aged, who, if unable to provide completely for themselves may feel that a lifetime of payment of direct and indirect taxation deserves some rebate in the form of State service. The subject of Geriatrics I dealt with in my previous report, and nothing has occurred since to alter the opinions then expressed as to developing voluntary effort and embodying it in a State Programme. Some still argue that in our Christian country this is primarily a responsibility of the younger generation. I can only reply—"It was never the kitten's habit to bring her mouse to the old cat."

In the second highest age group given 1,607 or 25.8% of the deaths occurred. Mortality in this group must be very seriously regarded as it is among those whose responsibilities are heaviest, and where loss to family and community is most keenly felt. Some of this mortality is undoubtedly due to diseases, such as tuberculosis where modern methods of treatment have prolonged life into a later age period than that in which they formerly occurred, but its principal cause is the new "Captain of the Hosts of Death"—Cardio-vascular disease. Detailed analyses of the deaths in this age period and a study of their relation to social and preventive medicine must be not only a national, but rather an international undertaking.

NOTIFICATIONS OF INFECTIOUS DISEASES.

Table II gives a summary of the Infectious Diseases notified in 1951 with similar figures for the years 1925-50. For the first time a year has passed without a notification of Typhoid Fever. There was a remarkable decline in Scarlet Fever from 1,686 cases to 695, none of which was fatal. Measles and Whooping Cough, which between them supplied the great bulk of the

notifications, showed only a slight reduction on the previous years' figures. Combined immunisation against Diphtheria and Whooping Cough is not long enough in operation to be expected to show material reduction in the latter disease. Of the 930 notified cases of diarrhoea and enteritis, most of those admitted to St. Clare's Infants' Hospital were found not to be true infective gastro-enteritis, but we were glad to treat them as far as accommodation permitted. Notification of Streptococcal Sore Throat is now withdrawn as the notification of this disease had outlived its epidemiological value. In 1951 there were 4,031 notifications for only a very small proportion of which any institutional treatment was sought. There were 398 cases of scabies notified, but owing to the success of alternate treatments, the demand for treatment at the Iveagh Baths Centre fell considerably. Eleven cases of Ophthalmia Neonatorum were notified. Under modern conditions of obstetrical conduct, this is a disease which should disappear.

Diphtheria.

Five cases of Diphtheria were notified during the year. One (a very mild case) was immunised, one partially immunised and three were not immunised. Table II shows the gradual decrease in the numbers since 1944 when the number was 1,330. This has been due here as elsewhere to the widespread adoption of immunisation.

The following details are supplied from the immunisation service :

	1st Injct.	2nd Injct.	Booster Doses
Pre-school children	4,727	4,500	2,176
School children	7,370	5,744	—

PRE-SCHOOL CHILDREN.

There were 11 centres in operation in the City for the immunisation of pre-school children, and 13 sessions were held each week during the year at these centres.

By the following methods parents were encouraged to bring young children for immunisation :—

- (1) A circular was posted to the parent or guardian of each child who reached the age of 9 months. This circular stressed the importance of having the child inoculated at an early age, and gave a list of the centres and times of attendance. There were 13,098 circulars posted during the year.
- (2) The Corporation staff of health visitors urged the mothers to bring their children to the clinics for immunisation.
- (3) The Medical Officers in charge, and the nurses engaged at the Child Welfare Clinics, impressed on the mothers the necessity of having their children immunised.

At the beginning of 1951 the influenza epidemic in the City and the abnormal weather conditions caused a noticeable reduction in the attendances at the Centres. It may be assumed that a considerable number of parents had their children immunised by private doctors. In Dublin, with its many paediatricians and high ratio of general practitioners to Dispensary Medical Officers, it must be expected that a great deal of immunisation has been done of which we have no record. However, despite all the efforts made to encourage parents to have their young children protected against the disease, we find when dealing with school children that a material percentage of them have never been inoculated before commencing school.

SCHOOL CHILDREN.

Throughout the year, children were immunised at their schools. 61 schools were visited and the total number of visits made was 137. In addition, 2 visits were made to a Children's Home. A consent form for signature was sent to the parent or guardian of each school-child who had never been immunised or who had not received immunisation during the previous 4 years. 29,946 of these consent forms were posted

to the heads of families. The total number of school children who were fully immunised was 7,920, and 2,176 of them required only a Booster Dose of prophylactic, having been previously immunised.

Since January, 1943, a total of 121,540 children have been immunised under the Corporation diphtheria immunisation scheme, and 10,390 have received Booster doses. As diphtheria mortality has faded, it has become more difficult to persuade parents of the necessity to maintain the immunisation of their children. More national propaganda is needed to make them understand that if the immunity level is allowed to fall through lack of immunisation, then diphtheria as a threat to child life will return and become a menace to oncoming generations. Although the disease has been almost controlled by immunisation, "carriers" no doubt still exist in numbers, and the germs they carry would find a new generation of non-immunes excellent pabulum for re-developing their fatal toxicity.

The present prevalence of whooping cough should help to make an appeal for the combined immunisation against whooping cough and diphtheria an additional impetus to the continuance of diphtheria immunisation.

Trachoma.

Five cases of trachoma were notified during 1951. These are all elderly people. One was a patient in St. Kevin's Hospital. Two are receiving regular medical attention at home. In some existing cases the help of the ambulance service of the Knights of Malta has been availed of to bring cases to the Eye and Ear Hospital. These include the two remaining notifications in 1951. The Supervising Health Visitor reports that with few exceptions (such as old people living alone) the instructions given are carried out.

Poliomyelitis.

During 1951 there were 15 cases of Acute Anterior Poliomyelitis notified. No direct contact could be established between any of the cases, which were widely scattered. One case (a fatal one) had only

just come from England. Two occurred in hospitals in which no other case occurred before or after the initial case. Four of the cases proved fatal.

SCHOOL MEDICAL SERVICE.

The report of the Chief School Medical Officer is as usual an exhaustive survey of the very limited scope which the existing service affords her to establish and maintain the health of the school child. Her keen insight into child health problems and her broad human sympathy render her reports a very valuable contribution to our annual public health survey. Re-organisation of this service under her capable administration may be anticipated in the coming year, and in this re-organisation providing as it will more frequent medical examination and closer attention to defects, the school child may hope to grow to manhood or womanhood sound in mind and limb, physically and mentally fully equipped for life's task ahead.

During the year over seven million school meals were provided at a cost of about £135,000. Advance in the prices of milk and cheese, and the necessity to purchase some items at unrationed price added to this cost. It must always be remembered that school meals are not a poor law provision but were established "in order that the school child might the better benefit by the education provided".

SANITARY SERVICES.

The year 1951 has seen the introduction of the re-organisation of the Sanitary Services of the County Borough. Previously two Supervising Health Inspectors (the Health Act, 1947, changed the title of Sanitary Inspectors to that of Health Inspectors) supervised areas north and south of the City respectively. The areas allotted to Sanitary Inspectors years ago, owing to movements of population, industrial development and other changes, had become unequal in the responsibilities which their inspection entailed. New legislation had increased these responsibilities, so that it

was felt that the time had come for a redistribution of areas commensurate with the duties imposed on a district Health Inspector. Certain Health Inspectors had been allotted to special duties such as industrial hygiene inspection, port inspection, rodent control, and duties under meat and milk inspection (the latter operating under the supervision of the Chief Veterinary Officer). These it was decided not to disturb for the present but with new legislation such as Food Hygiene Regulations imposing additional duties, it was deemed advisable to add these to the area of district Health Inspectors, so that as far as possible further allocation of special duties might be avoided. The Sanitary Services were placed under the supervision of a Chief Health Inspector who took up duty on January 15th, 1951, and whose first annual report is submitted. For the supervision of the area four Supervising Health Inspectors were appointed. One of these was the existing Supervising Officer (the other having previously resigned) and the other three included two officers who had carried out special duties. It is our object, as far as possible, to avoid appointing Health Inspectors for special duties and to allot duties which legislation requires to the district Health Officers. The Supervising Health Inspectors are expected to act in an educational as well as a supervisory capacity. Five Health Inspectors are allotted to the Veterinary Section for duties in meat and milk inspection under the Department of Agriculture and 11 Health Inspectors are assigned to duties in the Housing Section. The first annual report of the Chief Health Inspector is submitted, in which details in regard to the operation of the sanitary services are given.

HOUSING.

In Dublin as elsewhere, the housing problem is acute. To meet the ever-growing demand on Dublin Corporation for houses, accommodation was provided for 2,271 families during the year 1951. This brings the number of dwellings provided in Dublin County Borough under the Housing Acts to 31,026. Details

of the accommodation provided are given in a separate Table. The Housing Department under the Housing Director acts in close co-operation with the Public Health Department.

GENERAL.

The detailed activities of the various services are set out under their respective divisions. I take this opportunity of expressing my sincere thanks to all the staffs in each of the divisions for their zeal and loyalty during the year. To the City Manager, the Assistant City Manager, and the chief officials of the other Corporation departments I am deeply grateful for their co-operation and help during 1951.

J. A. HARBISON,

City Medical Officer.

MATERNITY AND CHILD WELFARE.

It is pleasing to record that for this year our Infantile Mortality rate has fallen from 48 per thousand live births in 1950 to 45 per thousand. This fall has been a gradual one from the inauguration of the Child Welfare Scheme in 1927 to the present date. In 1944, when St. Clare's and the Gastro Enteritis Control Section were inaugurated the Infantile death-rate was 125 per thousand, due largely to the epidemic prevalence of that disease, and it has shown a steady fall since the advent of these extra services. We feel the greatest gratification in the present position particularly as we realise that much may yet be done to bring the Infantile Mortality rate to a more reasonable figure.

The Gastro Enteritis Control Section, as a separate entity, was transferred to the control of the Maternity and Child Welfare Section in July, 1950, and St. Clare's Hospital, which had previously been an Infant Unit of St. Kevin's Hospital, was handed over to the Corporation in October, 1950. From the earliest years of the Scheme's working, one of the obvious defects in Dublin was the lack of hospital accommodation under the Maternity and Child Welfare Scheme for babies up to two years of age. The addition of 80 cots (St. Clare's Infant Hospital) provided a more adequate number of cots and the conversion of the Gastro Enteritis Clinics into Sick Baby Clinics supplied the need of an Out-patients Department with the necessary treatment available at various centres scattered over the city. In the last few years, it would seem that Gastro Enteritis as diagnosed has developed Protean characteristics and the majority of the cases admitted to St. Clare's Hospital are suffering from Upper Respiratory Tract Infection associated with a milder Diarrhoea as will be seen from the Annual Report for the Hospital.

We have thus seen the Child Welfare Scheme grow from six Welfare Clinics to twenty-three in 1951. There are signs also that what we have repeatedly

stressed here in regard to the Neo-natal Death-rate which forms 63% of our Infantile Mortality rate is about to be dealt with in the New Year in conjunction with the Neo-natal Units, intern and extern, of the Maternity Hospitals. This should form a complete integration of the Health Services for children up to the end of school-life.

It is our belief that there is a vast field unexplored in pre-natal work and just as the Rh. factor was discovered, there may be other potent causes of neo-natal death as yet undiscovered. We hope to see the pre-natal and post-natal services of the Maternity Hospitals extended to provide services for the mothers in the outlying districts. It would be relatively easy to arrange that such clinics would be staffed by an Assistant Master or ex-Assistant Master of the particular hospital who caters for the district, and thus bring the service to the mothers rather than the mothers to the service. We are convinced that this would lead to a more frequent attendance of the mothers at these clinics and would be instrumental in the reduction of Neo-natal morbidity and mortality.

With all this development it becomes necessary to establish instruction in maternal hygiene so that mothers may understand that with proper care childbirth is a normal function which leaves mother as healthy after as before confinement. Steps are being taken in regard to this by health talks given at the various clinics throughout the city. These health talks to be successful must be very short, not more than five minutes, and the mothers should be encouraged to ask questions. Where this has been done we have found the mothers very interested and quite capable of assimilating the propaganda.

There are several other problems yet to be faced.

- (1) We would refer especially to lack of convalescent home accommodation for mothers with their babies. For example, there is no convalescent home available at the moment which would take both mother and baby, and it very often happens that a patient

may be discharged after a bad confinement and have to return to a Georgian slum in which she lives in the top front or top back room, her water supply being in the basement. Many of these mothers are certainly not in the condition for facing up to the struggle of life.

- (2) The provision of accommodation for hopeless cases, such as Spina Bifida, Meningocele, etc.
- (3) The provision of adequate accommodation for mental defectives, mongols, etc.

Diphtheria Immunisation.

Diphtheria Immunisation continues to be carried out in the Child Welfare Clinics and of the children attending these clinics 90% are immunised. Although the response is not quite so good in some of the city districts, the mothers are rapidly coming to understand the value of this. It is hoped to extend the B.C.G. Scheme in the same manner.

Number of pre-school children received :—

First Injection—4,727. Second Injection—4,500.

In regard to Dental Services we hope to see the partition between Child Welfare and School Medical Service abolished, and it is our considered opinion that a municipal dental service should be established to deal with all children up to school leaving age and mothers, expectant and nursing. We would like to pay a tribute to the pioneer work done in Dublin by Mr. Casey, our Chief Surgeon Dentist.

Home Visiting by Health Visitors.

Total number of domiciliary visits	....	148,538
Cases on books	....	68,217
Special visits	....	6,058
Measles cases visited	....	4,989
Pertussis cases visited	....	860
Stillbirths	{ North Side 76 South Side 103	.... 179

Notification of Births Act.

Cases visited by Health Visitors	....	9,465
Private cases found on visitation	....	666

Average Number on Each Health Visitor's Register.

Families—880 Infants—847 Children—1,058.

Dental Services.

Dentures supplied during the year, 1951		667
Total number of attendances at Lord Edward Street Dental Clinic for the year, 1951	....	10,634
Total number of attendances at Killarney Street for the year, 1951	....	5,663
Extractions under general anaesthesia	....	1,080
Repairs	....	46
Number of Dental Clinics held during the year,		
Lord Edward Street	559	
Killarney Street	378	937

Ultra Violet Light Clinics.

345 sessions for the treatment of rickets and malnutrition were held during the year with an attendance of 6,150. All children attending are "Moro" tested and reactors are only treated when the x-ray is satisfactory.

Welfare Clinics.

999 Welfare Clinics including Howth were held during the year ended 31st December, 1951, with attendances of

Mothers	Infants	Children	N. Children
29,149	23,392	23,550	51

Medical Consultations.

	Mothers	Infants	Children
23,112 {	15,408 Pre-natal.		
	7,704 Post-natal.	15,011	17,369

Pre-Natal Cases and Attendances at City Hospitals.

Hospital	Cases	Attendances
Coombe	2,817	12,633
Holles Street	2,823	10,415
Rotunda	4,838	23,994

Hospital Cases.**ADELAIDE HOSPITAL.**

Admissions to Hospital	66
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ST. ULTAN'S HOSPITAL.

Number of admissions	308
Attendances at Outpatients Department	11,444
X-ray Examinations	968
Pertussis Injections	1,865

HARCOURT STREET.

Admissions during the year, 1951	211
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TEMPLE STREET.

Number of children treated during year, 1951	201
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FAIRY HILL, HOWTH.

Admissions during the year, 1951	22
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JERVIS STREET HOSPITAL.

18 Children were admitted and 6 children attended the Physiotherapy Department for treatment during the same period.

Infant Mortality rate for 1951 45 per 1,000.

Maternal Mortality.

Intern cases delivered in City Hospitals	10,450
Deaths in city Hospitals	25
Death rate per 1,000	2.39
Extern cases delivered by staff of city Hospitals	3,503
Deaths	Nil.

Rickets and Orthopaedic Defects.

The following are the figures representing cases referred to various hospitals :

Orthopaedic Hospital	60
St. Mary's Hospital, Cappagh	4
Sunshine Home, Stillorgan	72
Sunbeam Home, Bray	110
Cheeverstown Convalescent Home	49

Besides these there were 212 attendances and 43 sessions held by the Orthopaedic Surgeon, Mr. Murray who saw them at headquarters.

Ear Nose and Throat.

Mr. O'Connell, our Nose and Throat Consultant had 1,418 attendances and 196 sessions during the year at headquarters.

Trachoma.

The following is a return of the incidence of Trachoma :—

Notifications	5	Quiescent	60
Reported	2	Attends Hospital	80
Finished	8	Observation	381
Active	23	Refused	5
Contact	344	Cannot attend Hos-	
Suspect	11	pital	4

“ Moro ” Test.

Ages	Number	Number positive
Under one year	2,873	28
One to two years	6,022	275
Two to three years	4,925	140
Three to four years	2,746	35
Four to five years	2,300	15
		<hr/>
Total no. “ Moro ” tested	18,866	Total positive 493

Number B.C.G. vaccinated	....	....	1,329
Number of mothers referred from this Dept.	....		8,136
Number of mothers found to have active disease			86

Catholic Social Service Conference.

Number of meals supplied to expectant and nursing mothers during the year, 1951	....	153,768
Number of pints of milk supplied to expectant and nursing mothers during year, 1951	....	151,723
Ambulance removals to hospital during 1951		795
Average number of mothers on roll for 1951		630

Jubilee Nurses' Association.

Number of cases referred for treatment by this Department; for dressings, wash-outs, etc.:—

North City— 77 patients; 372 Visits.

South City—203 patients; 1,271 Visits.

Free Milk Scheme.

During the year the Infant Aid Society distributed 1,740,130 pints of milk to children under five years of age and 91,810 pints of milk to 1,803 expectant mothers on special diet.

Whooping Cough Injections.

Number of pre-school children received:—

First Injection—3,992. Second Injection—2,494.

Sick Baby Section.

When the Gastro Enteritis Control Section was absorbed in the Maternity and Child Welfare Section in July, 1950, and the staff came under my control, it was decided, after discussion with the City Medical Officer, Dr. Harbison, that the former Gastro Enteritis Clinics would then function as Sick Baby Clinics, capable of expansion in the event of a further epidemic of Gastro Enteritis. Accordingly, 13 clinics per week were held at the following centres—Summerhill (3),

Benburb Street, Cabra, Crumlin, Harcourt Street Hospital and Killarney Street (2), while those formerly held at South Earl Street (3) and Lower Mount Street were transferred to Gordon Sick Baby Club (3) and Keogh Square respectively. The total attendance at these clinics during the year was 9,042. During the year, 522 cases were notified as being discharged from St. Clare's Hospital and of these 329 or 63% attended the Sick Baby Clinics. It should be remembered that children under two years are treated in these clinics and the cases are followed up by the Health Visitor and treatment carried out in the home.

I would like particularly to pay tribute to my colleagues Dr. Thornton and Dr. Hampson for their loyal help during the year and to Miss Healy, our Nurse Superintendent, and our nursing and clerical staff. It is a pleasure to see the willingness with which the work is carried out. Finally, I would like to acknowledge the hearty co-operation and helpfulness of our Chief, Dr. J. A. Harbison, City Medical Officer.

ST. CLARE'S HOSPITAL.

Resident Medical Officer—DR. KATHLEEN MORRIS.

This is the second Annual Report of St. Clare's Hospital, Ballymun, and covers a period from January, 1951 to December, 1951.

The Hospital as stated last year, was opened to deal with a severe epidemic of Gastro Enteritis and during the time under review, the number of such cases diagnosed here was very small, 39 of the total admissions, and the death-rate from the disease was 5% of the total mortality 6.5%. The maximum number of cots is 80 and the cot occupancy is practically 100% all the year.

The Hospital caters for infants up to two years of age only. Cases are referred for admission from Post St. Clare Gastro Enteritis Clinics, Children's Hospitals

Outpatients Departments and Maternity Hospital Paediatric Units, Dispensary Doctors and Private Practitioners. A few arrived on the Hospital doorstep without admission notes and were accepted because of their grave condition.

All the babies had vomiting, diarrhoea or both as their presenting symptoms. This is the criterion of admission though during the slack period cases of Broncho-pneumonia, meningitis and measles were accepted where other hospital accommodation was not available and baby was reported as critically ill. There were no cases of cross infection. All babies on discharge are referred to special Post St. Clare Clinics in their own districts.

A diagnostic analysis of the 764 admissions reveals the following :—

Gastro Enteritis	....	....	39
Pharyngitis	....	....	148
Tonsillitis	....	....	148
Otitis Media	....	....	76
Respiratory Tract Infection	....	....	147
Broncho-pneumonia	....	....	23
Prematurity	....	....	15
Marasmus	....	....	31
Infectious Fevers	....	....	23
Bronchitis	....	....	15
Miscellaneous Condition—(Meningococcal Septicaemia, Congenital Morbus Cordis, Mongolish, T.B. Meningitis, and Miliary T.B.)	....	....	99

An analysis of the mortality shows the following (50 deaths) :—

Broncho-pneumonia	....	....	23
Congenital Heart Disease	....	....	2
Meningococcal Septicaemia	....	....	3

Inanition and Congenital Debility			5
Prematurity ....	....	....	7
T.B. Meningitis	....	....	1
Miliary T.B.	....	....	1
Convulsions ....	....	....	3
Gastro Enteritis	....	....	5

KERRY REDDIN, L.R.C.P. & S.I.,

L.M., D.P.H.,

Chief Medical Officer,

Maternity and Child Welfare
and

Medical Superintendent,
St. Clare's Infant Hospital.

SCHOOL MEDICAL SERVICE.

CATHERINE M. O'BRIEN, M.B., D.P.H., B.Sc.P.H.

“ La science se fait non seulement avec l'esprit, mais aussi avec le coeur ” (Pasteur).

This is the twenty-fourth Annual Report on the working of the School Health Service in the Dublin County Borough. The Service, which has already come of age, is an integral part of our Public Health Measures and is essentially a preventive one. Allied with the better Housing and other progressive socio-health Schemes put into operation by the Government during the past thirty years, the School Medical Service has endeavoured to assist in improving the health of our people. The importance of safeguarding the mental and physical condition of the younger generation, the children of school-going age, between five and fourteen years—a period of rapid growth and development—cannot be lightly disregarded if the nation is to survive.

Care for school children was one of the first health measures to be adopted by the free independent parliament of this country. A School Health Service had already been established in England since the early nineteen hundreds. It is a tribute to the vision and energy of those far-seeing pioneer doctors and statesmen, who realising the value of such service, had continued to press for its establishment for our people. Antagonism to the Scheme has been forgotten, and it is now an accepted feature of the life of school children, thanks to our people who maintain the Service, and to the Rockefeller Trust who helped to establish it in this country.

The movement of large families to the housing estates on the outskirts of our city has continued during the year 1951, with the extension of the Ballyfermot site, and the opening up of Finglas. New flats near North Wall, in Ringsend, Donore Avenue, and Rialto, too, have been provided to accommodate workers near the site of their employment.

Thus, happily, are the bad old days of tenements and squalor gradually being left behind, and a new way of life is opening up for our people. This, in turn, is gradually being reflected in the outlook of parents. The numbers seeking advice and treatment for the school-going members of their families has increased. Requests for dental attention in particular, were almost overwhelming.

A new National School for children under ten years was opened in the Clogher Road area, and a large school for boys has been erected in Ballyfermot. A special bus Service to and from the City Schools continues to cater for children of families moved to the new housing estates. The latter provision while solving temporarily the problem of School accommodation, has entailed a return to the "Single-day" arrangement, with a consequent belated dinner-hour for growing boys and girls. Other Schools, too, have been gradually returning to the pre-war "Single-day", with a short mid-day break for lunch. We have been given to understand that parents like this arrangement better. It is strange that mothers and fathers, too, would fail to appreciate the importance of their children eating a hot dinner on week-days at the same hour as they do on Saturdays, Sundays, and during the Vacation periods.

The outstanding features of the year 1951 were the Schemes for dealing with children suffering from Cerebral Palsy, and for providing General Anaesthesia in the School Dental Clinics in Lord Edward St.

A centre for cases of Cerebral Palsy had been transferred from the Out Patients' Department of Harcourt St. Children's Hospital to the Upr. Merrion St. section of the Orthopaedic Hospital. Remedial exercises, re-education and rehabilitation were provided in the Gymnasium specially equipped, and staffed by trained personnel aided by voluntary workers. A Residential Centre was also provided in Ballybrack for children under 6 years. The numbers seeking help and advice in Merrion St. steadily increased. The Cerebral Palsy Centre was eventually transferred to

Bull Alley St. It caters for those children who heretofore were perforce isolated from others of their own age, and for whom life was solitary while their little brothers and sisters were at school or out enjoying childish games and pastimes in which, because of their infirmity, they could never join. Now, however, thanks to the organisation and devotion of a group of people, these helpless children are systematically fetched by car from their own homes to and from the Treatment Centre, at pre-arranged times. Hope has been awakened in parents' hearts. Animation and interest has been aroused in the children themselves. They look forward to the car-ride and the nice driver-friend as much as to meeting the other children and competing with them in the Treatment Centre. All this has been made possible through the sustained, unselfish effort of car owners and drivers, who are prepared to give freely and regularly their time and transport to serving these cripple children. Doctors and Nurses, Physiotherapists, Occupational therapists—all these grow accustomed to Cerebral Palsy children. Voluntary workers who undertake the service of them, and keep it up, need to have a steadfast fortitude, and a generosity of spirit—a task gladly done for love of the Christ Child Whose Perfection beautifies even the less attractive of our little brothers and sisters.

Provision for General Anaesthesia facilities in the School Dental Clinics here has been made available since last July. The two sessions weekly were quite inadequate to treat the numbers applying for "the gas", and a third session each week was made available in the Autumn—pending the transfer of the School Dental Clinics to new quarters and the provision of a permanent General Anaesthesia service.

A visiting Specialist skilled in administering modern Anaesthesia to children, kindly consented to attend the sessions. To a special nurse was given the duty of supervision in the Recovery and Rest rooms. Apprehensive children relaxed under the premedication treatment prescribed by the Anaesthetist; indeed, their gaiety served to allay parents' fears. Those

mothers or fathers who expressed a wish to accompany children into the Dental Surgery were permitted to do so, and a reassuring word to parents and children served to maintain an atmosphere conducive to good anaesthesia and recovery. The now much discussed "Comics" were greatly enjoyed by the children in the Waiting Room, and any timidly-asked questions about anaesthesia were answered as frankly as possible. Children of school-age are often highly imaginative. They seem to have heard "dreadful" tales of what occurred to somebody else's relatives—"What happens supposing we don't wake up," was not an infrequent question! The boys were, of course, more reserved than the girls, in their approach to the whole affair, though the former sometimes recovered more quickly, and displayed a buoyancy and courage typical of their mothers. The kindness of the older children in the Waiting Room, both boys and girls, towards the smaller patients, and their gentleness, was charming.

The team of nurses on duty were meticulously careful of the children; their Recovery and Rest Rooms well-kept and orderly. They were vigilant, cheerful, helpful and competent, and never betrayed the slightest sign of disapproval for the longer hours the General Anaesthesia Sessions entailed. All the School Nursing Staff generously supported the work. Realising how much adequate Dental treatment means to the health of children, they strove to make good the depletion of staff entailed by the General Anaesthesia Sessions.

A special thank-you has already been said to the Dentists and Anaesthetist, and one hopes that the smiles and happy faces of the children when returning for re-examination after dental treatment under General Anaesthesia, may be a source of happiness for them, and a stimulus to Health Authorities to adopt more generally this method of Dental treatment.

It was decided towards the end of the year to increase the staff in the School Health Service of the Dublin County Borough by appointing two doctors and two Nurses. The interval between Routine Medical

Inspections was accepted as being excessively long and the amount of Home Visiting possible with the existing Nursing Staff almost negligible when compared with the school population and the great need for Follow Up work.

Two extra doctors will mean that the City National Schools can be visited every $2\frac{1}{2}$ –3 years instead of four to four and a half years as heretofore, and it will thus be possible to examine even once in their school lives, portion of that group of children who leave school each year without ever having been medically inspected.

Adequate Medical, Dental, Nursing and Clerical Staff is essential if a School Health Service is to function more especially visiting of children in their own homes. Nurses with sufficient time at their disposal, to call on mothers in their own homes, to tell them quietly that their children had been found at routine Medical Inspection to be in need of treatment for certain ailments hitherto unnoticed perhaps, and to stress the necessity for having these defects remedied, where and when and how treatment can be obtained, and why it should be accepted—this is what matters in School Health work. Regular home visiting, properly carried out by trained, selected personnel who appreciate the importance to the nation of healthy children and who have a liking for the work—a sympathetic and understanding approach to parents, teachers and children—this is vital if a School Health Service is to effect an improvement in our young people's health.

Repeated visits may be necessary to remind parents who postpone taking their children for treatment, hoping that the defect will disappear in time. Long, patient talks in simple language may be required to convince others, and there is the problem of return visits to parents out shopping, at the municipal wash-houses perhaps, or engaged in daily employment, or too busy and too fussed and tired, distracted or embarrassed on the occasion of the first visit. Parents must get to know the Home Visitor. Her uniform

dress shows she has come to help, but it may take some time before she is accepted. Advice and guidance has to be proffered at an auspicious moment, if a harassed mother is to confide in the Nurse as a friend. The benefits of good, adequate home visiting are inestimable. Even the least amenable, or disappointed, weary mother will eventually accept treatment if she knows how to proceed, and that the sole qualification for treatment is that the child be attending a City National School and resident in Dublin. How to arrange with the School Authorities for the child's absence from School while undergoing treatment, where spectacles and Orthopaedic appliances can be obtained, repaired, or renewed ; the necessity for giving a full personal and family history when she takes the child to hospital or clinic for detailed investigation, that these particulars are strictly confidential and will be regarded as such by all concerned, where preventive treatment—Small Pox or T.B. vaccination, Diphtheria or Whooping Cough inoculation can be most readily and conveniently obtained—such is the detailed information that a nurse can give and to which parents will listen and eventually pay attention—leaflets, posters, treatment cards are of little avail by comparison. Such home visiting will help also to dispel the hesitation of parents, fearful of accepting Skin Test or X-Ray of children lest they reveal signs of disease which perhaps they may already suspect or imagine, but are reluctant to learn the truth.

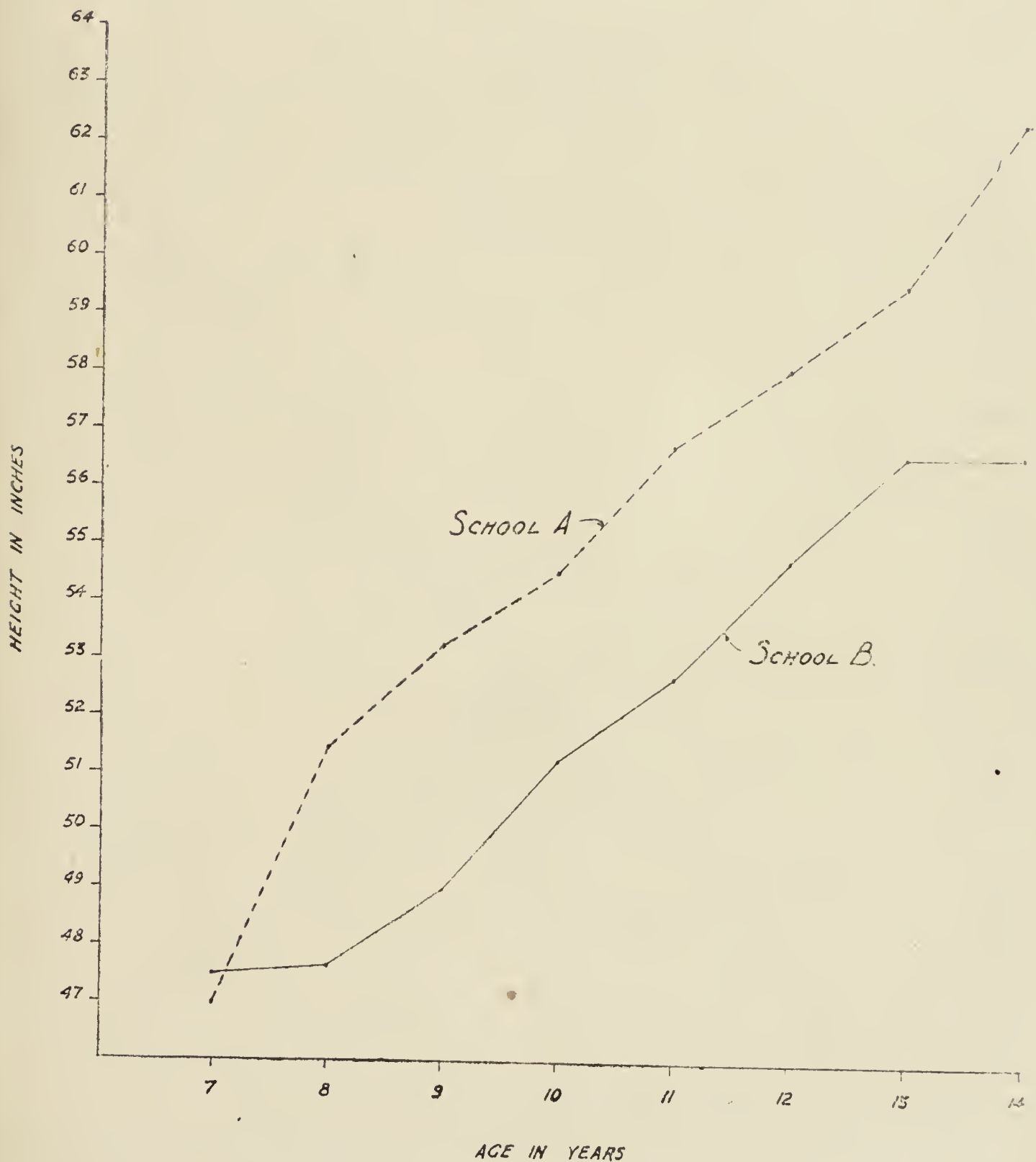
The usual tables are included in this report showing the names of Schools visited, 1951, and the condition of the children. Details of treatment carried out during the year are also set out. A special investigation has been made into the condition of boys attending a " good " school in the South City, as compared with those attending a large school in a new housing estate north of the river. Approximately the same number of boys were examined in both schools last winter. The homes of the groups were of a different type, so particulars of the boys' average height and weight for age were obtained. The tables showed that the younger

GRAPH COMPARING HEIGHTS FROM YEARS 7-14 IN SCHOOLS A AND B

GRAPH SHOWING AVERAGE HEIGHT OF 600 BOYS EXAMINED IN SCHOOL A AS COMPARED WITH SIMILAR NUMBER EXAMINED IN SCHOOL B, 1951, BOYS AGED 7-14 YEARS

----- = SCHOOL A
———— = SCHOOL B

GRAPH I(a)

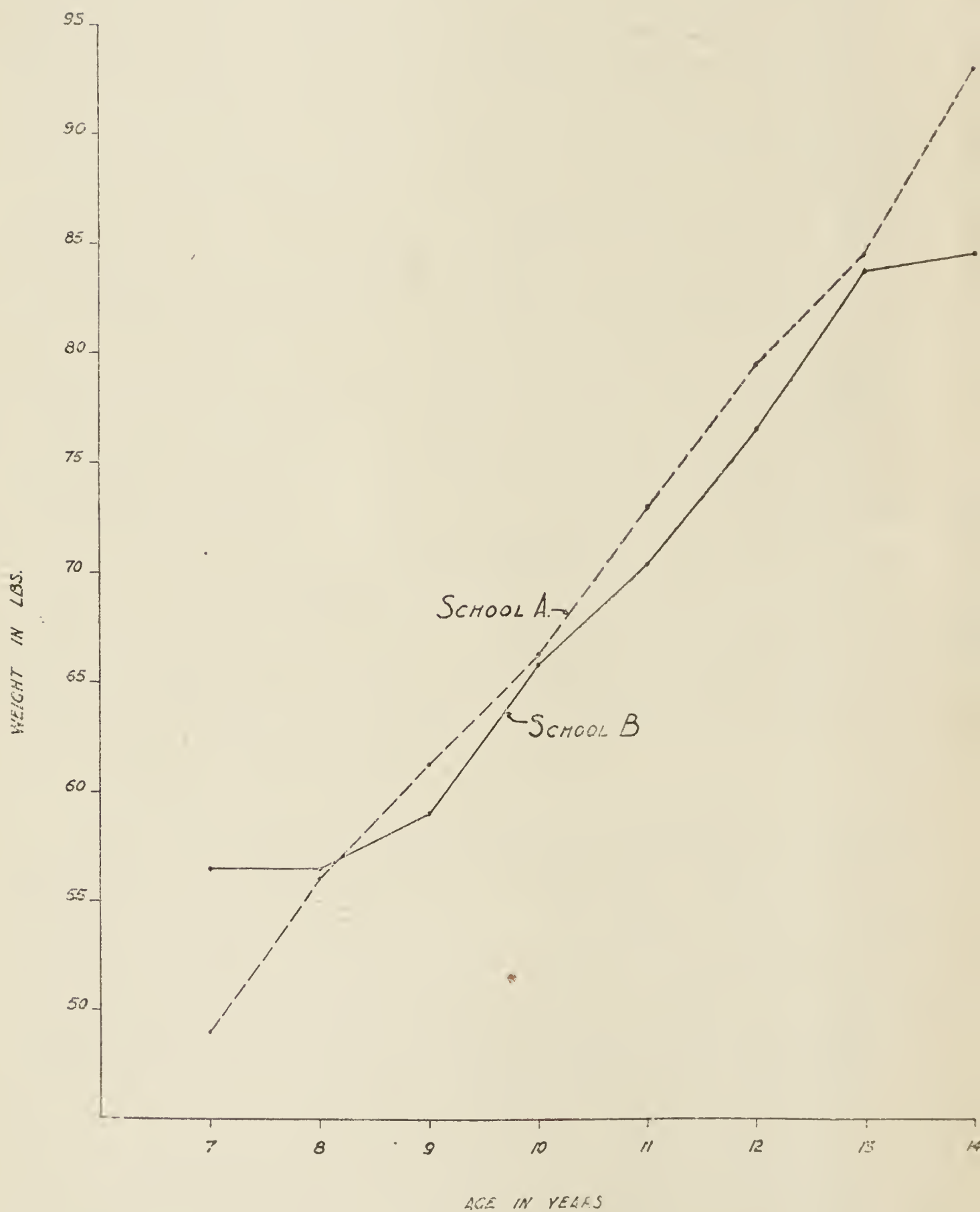


GRAPH COMPARING WEIGHTS FROM YEARS 7-14 IN SCHOOLS A AND B

GRAPH SHOWING AVERAGE WEIGHT OF 600 BOYS EXAMINED IN SCHOOL A AS COMPARED WITH SIMILAR NUMBER EXAMINED IN SCHOOL B, 1951, BOYS AGED 7-14 YEARS

- SCHOOL A
- SCHOOL B

GRAPH 1(6)

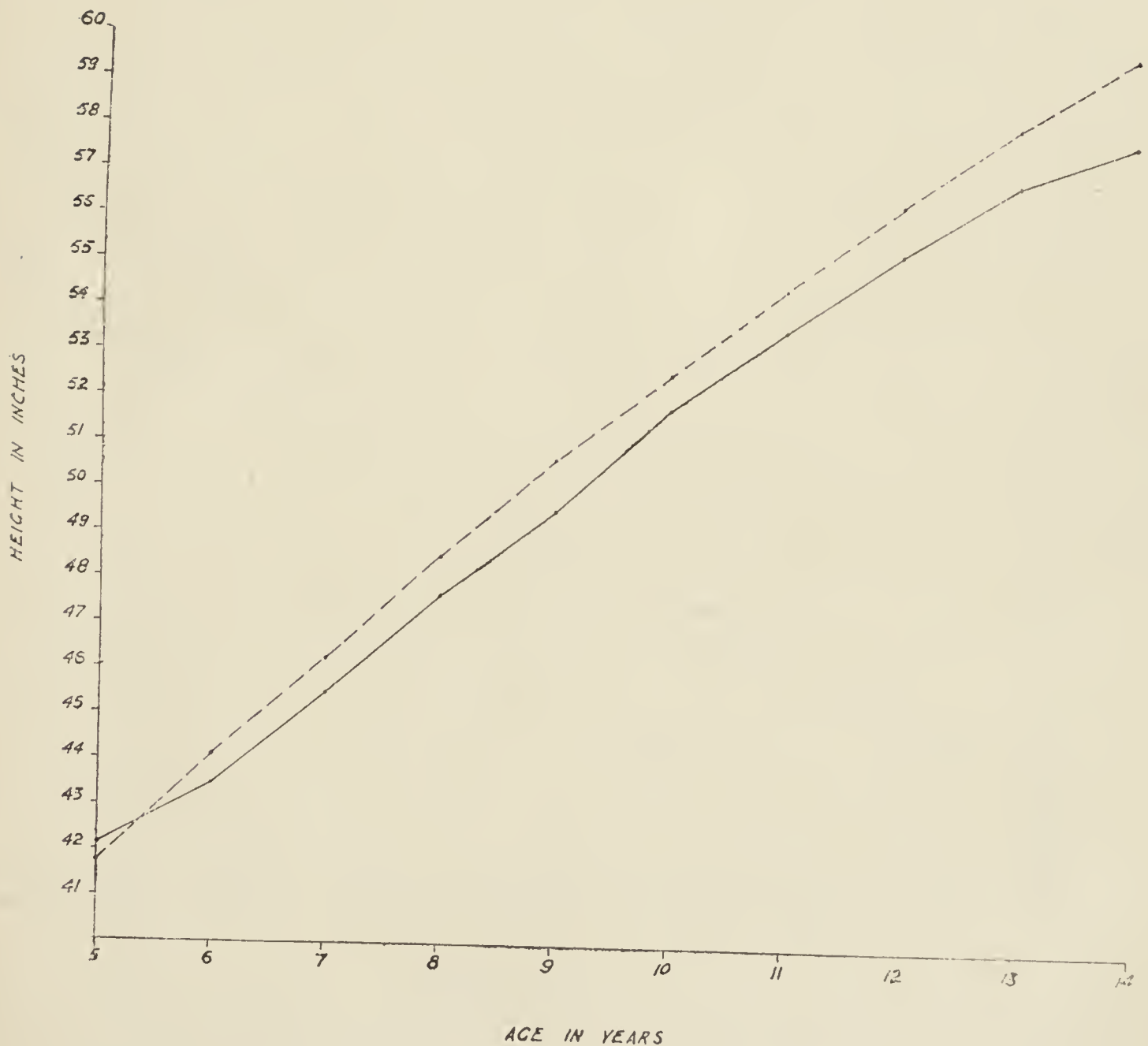


BOYS HEIGHT

GRAPH SHOWING AVERAGE HEIGHT OF ALL BOYS EXAMINED IN DUBLIN CITY NATIONAL SCHOOLS DURING PERIOD 1944 - 1951 COMPARED WITH LCC BOYS 1938 AS PUBLISHED BY L.C.C. CENTRAL SCHOOLS ARE INCLUDED IN THIS TABLE TOTAL LCC BOYS 51,500 DUBLIN MEAN AVERAGE HEIGHT RECORDS OMIT YEAR 1946 LCC TABLE CHILDREN MEASURED WITHOUT FOOTWEAR

GRAPH II(a)

L.C.C. = - - - - -
DUBLIN N.S. = ————



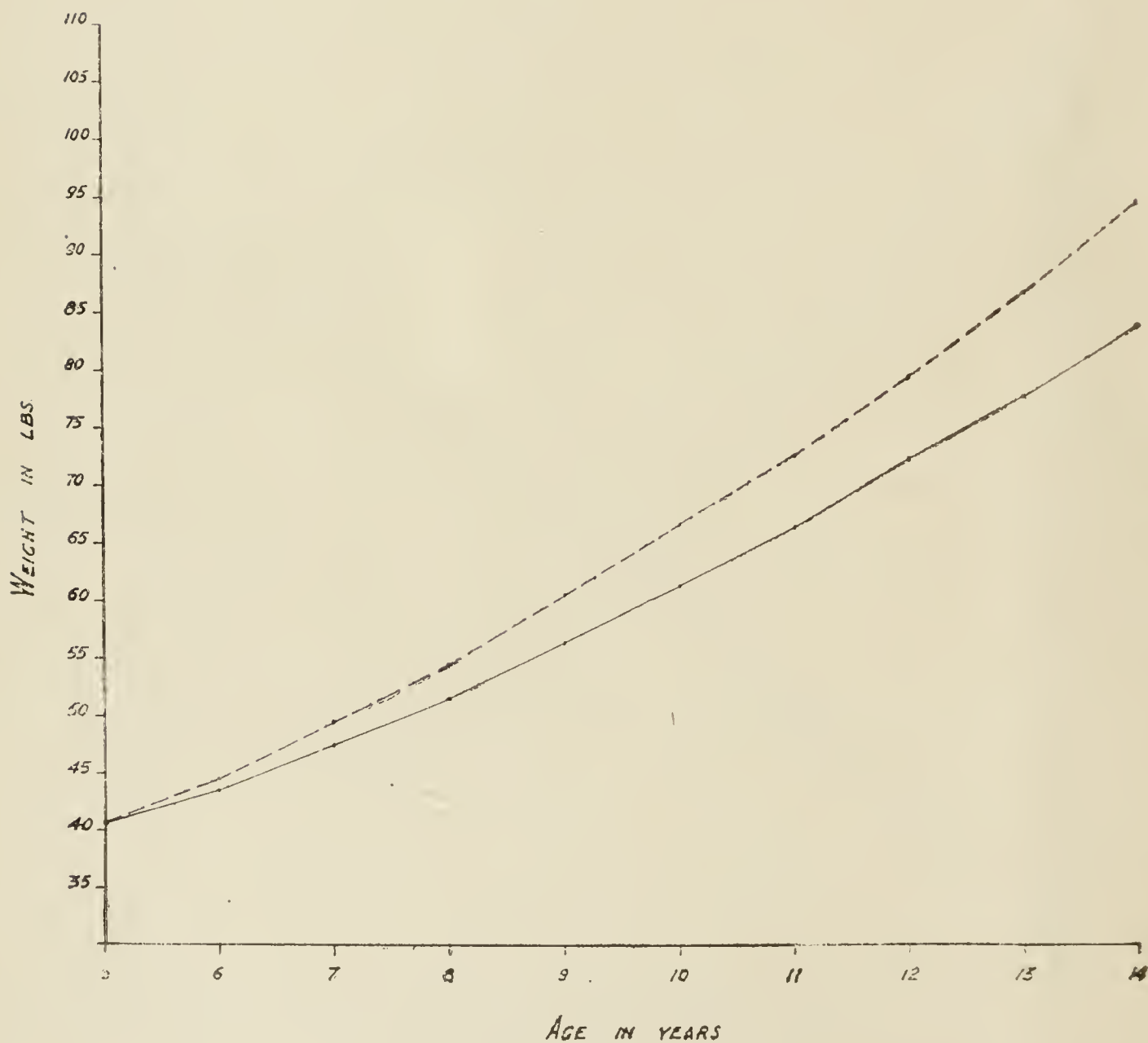
BOYS WEIGHT

GRAPH SHOWING AVERAGE WEIGHT OF ALL BOYS EXAMINED IN DUBLIN CITY NATIONAL SCHOOLS DURING PERIOD 1944 - 1951, COMPARED WITH LONDON COUNTY COUNCIL (BOYS) SCHOOLS 1938. CENTRAL SCHOOL BOYS ARE INCLUDED IN THIS TABLE. TOTAL L.C.C. BOYS 51,500 L.C.C. TABLE REFERS TO CHILDREN MEASURED IN THEIR ORDINARY INDOOR CLOTHING, WITHOUT FOOTWEAR DUBLIN MEAN AVERAGE WEIGHT RECORDS OMIT YEAR 1946. SCHOOL CLOSURE $\frac{6}{12}$

L.C.C. = - - - - -

DUBLIN N.S. = ———

GRAPH II(b)

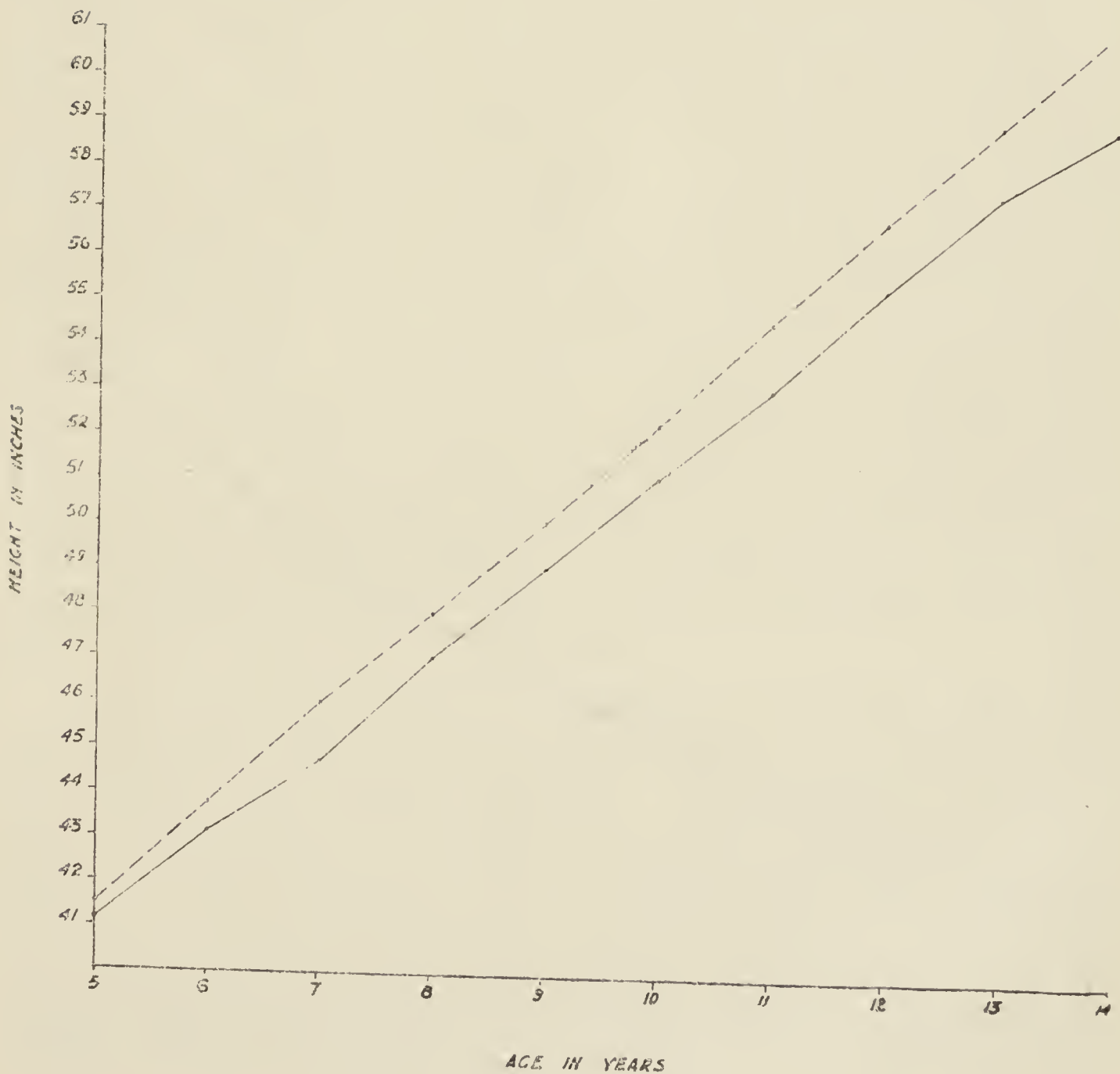


GIRLS HEIGHT

GRAPH SHOWING AVERAGE HEIGHT OF ALL GIRLS EXAMINED IN DUBLIN CITY NATIONAL SCHOOLS DURING PERIOD 1944 - 1951 COMPARED WITH L.C.C. (GIRLS) SCHOOLS 1938. CENTRAL SCHOOLS GIRLS ARE INCLUDED IN LONDON TABLE, TOTAL 49,800 L.C.C. GIRLS MEASURED IN ORDINARY INDOOR CLOTHING WITHOUT FOOTWEAR DUBLIN MEAN AVERAGE RECORDS OMIT YEAR 1946. SCHOOL CLOSURE $\frac{5}{12}$

GRAPH II (C)

L.C.C. = - - - - -
DUBLIN NS = —————

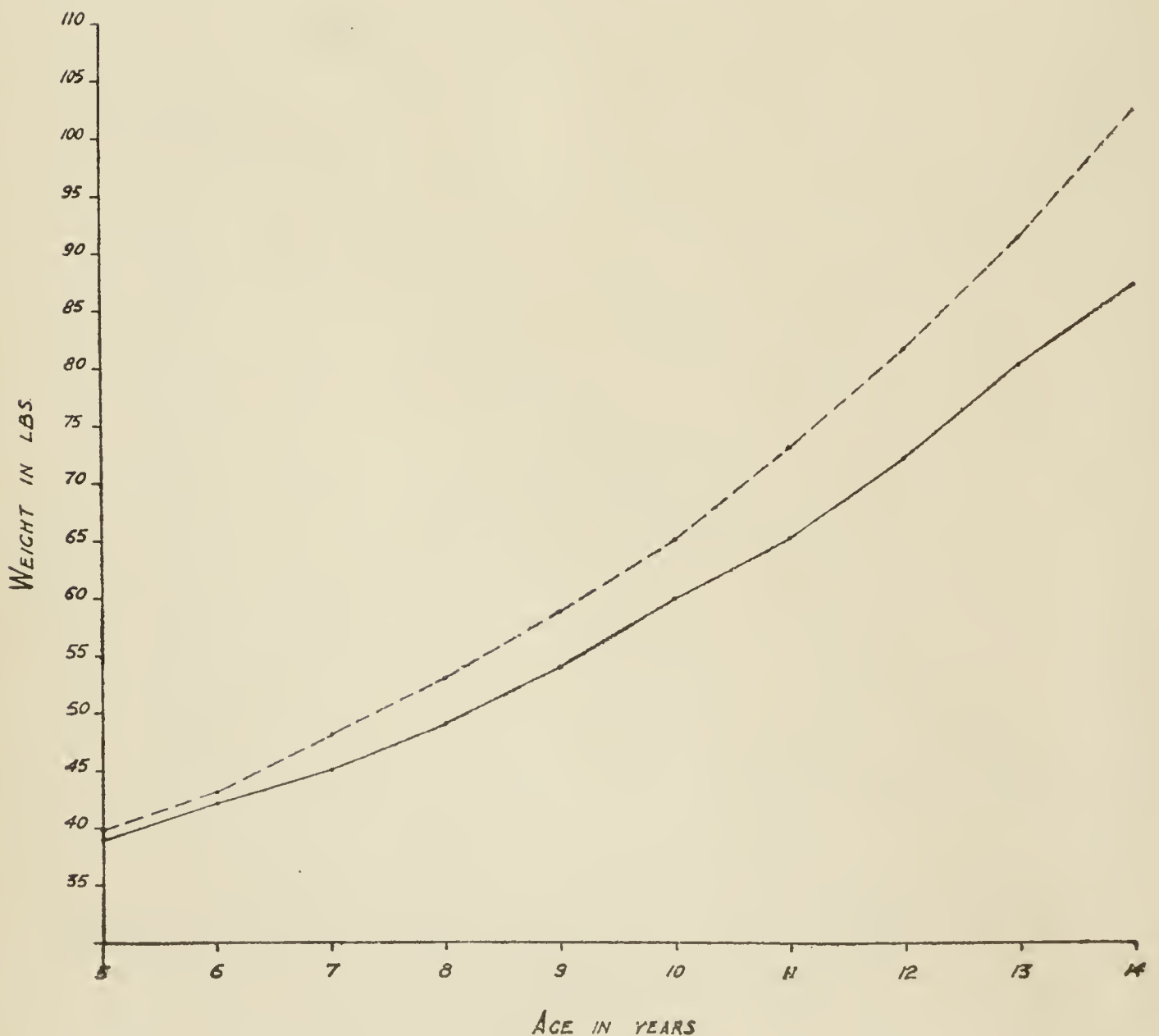


GIRLS WEIGHT

GRAPH SHOWING AVERAGE WEIGHT OF ALL GIRLS EXAMINED IN DUBLIN CITY NATIONAL SCHOOLS DURING PERIOD 1944-1951, COMPARED WITH L.C.C. (GIRLS) SCHOOLS 1938. CENTRAL SCHOOLS GIRLS ARE INCLUDED IN LONDON TABLE, TOTAL 49,800. L.C.C. GIRLS MEASURED IN ORDINARY INDOOR CLOTHING WITHOUT FOOTWEAR. DUBLIN MEAN AVERAGE RECORDS OMIT YEAR 1946 SCHOOL CLOSURE $\frac{6}{12}$.

L.C.C. - - - - -
DUBLIN N.S. - - - - -

GRAPH II(d).



age-groups in the housing estate school compared favourably with those in the "good" school. From 9 years of age upwards, however, the boys from the "better" homes were found to be taller and heavier than those in the other school. There are no Height/Weight/Age statistics available for the early years of the School Health Service in the City, so it is not possible to assess the 1951 data with those of twenty years ago. We have, however, included a table showing the 1951 Dublin figures as compared with the average over the past 7 years, and compared with London schools 1938.

Medicine seems to have acquired news value, though the screen stars (noble doctors and valiant nurses) appear less in the ascendancy nowadays. Articles on various aspects of Disease are often a feature of magazines and illustrated papers. Such literature has a wide circulation. It is inevitable therefore that parents are influenced by all this. Some of the material produced has been excellent—one recalls in particular an article dealing with Deafness and another on Eye Troubles, and the photography was splendid. Interest is being aroused, and parents have been asking questions about the latest discoveries. Alas that even the "wonder drugs" are unable to transform a mentally defective into a normal child. "Popular" Medicine is not entirely free from danger. There is the possibility of a certain type of reader becoming over anxious as a result, and of children, hearing their elders discussing "Recent Advances on Illness", becoming introspective or even hypochondriac, and losing that gladness which is a child's greatest possession.

Short articles in simple language on Health rather than disease and on the maintenance of health by cleanliness, on "Better Health", the need for fresh air, adequate sleep; on the choice and preparation of meals, on the care of the hair and nails and teeth, etc., etc., would be less novel and exciting, but they would nevertheless be a great help—they might even be published in a discreet corner of the Comics so closely studied by the modern child.

The improvement in children attending the new Schools in Cabra and Crumlin is already noticeable. Taught in modern schools, living in better homes, the children seem happier, more alert and independent—the change is really grand. The organised games in Crumlin, the physical training in the spacious playground, the orchestra for senior girls—all this is remarkable progress in a comparatively short time. The cookery classes in the special kitchen have now long since been an accepted part of the curriculum in this school which is so well kept that it shows astonishingly little sign of wear and tear for its fourteen years existence.

We thank most sincerely the Rev. Managers and Teaching Staff of the Schools for their help and co-operation, the Hospital staffs for their real interest and generous assistance in our work, and all the various voluntary organisations who have helped us during 1951.

To the Doctors, Dentists and Nurses who have served the “School Medical” department so well throughout the year, a grateful tribute is paid, and to the office staff of course for their unfailing help and courtesy.

SCHOOLS INSPECTED DURING THE YEAR, 1951.

Rutland St. ...	Boys.	Gardiner St. ...	{ Boys, Girls.
St. Vincents' C.B., Glas- nevin ...	Boys.	Townsend St. ...	{ Boys, Girls.
Donnycarney ...	{ Girls, Boys.	Grand Canal St. ...	{ Boys, Girls.
Lindsay Rd. ...	{ Boys, Girls.	Irishtown ...	{ Boys, Girls.
Warrenmount ...	{ Boys, Girls.	Crumlin C.B. ...	Boys.
Weaver Sq. ...	{ Boys, Girls.	Sandymount ...	Boys.
Donore Ave. ...	Boys.	Mount Jerome ...	{ Boys, Girls.
St. Catherine's ...	{ Girls, Infants.	Northumberland Rd. ...	{ Boys, Girls, Infants.
Grangegorman ...	Girls.	Lakelands ...	{ Boys, Girls.
Sherrard St. ...	{ Boys, Girls, Infants.	Belmont Ave. ...	{ Boys, Girls.
Beaver Row ...	{ Boys, Girls.	Seville Place ...	{ Girls, Boys.
Donnybrook ...	Boys.	St. Agnes', Crumlin ...	{ Boys, Girls.
Belgrove, Clontarf ...	{ Boys, Girls.	Nth. Strand ...	{ Boys, Girls.
Hill Street ...	{ Infants. Girls,	Cabra Convent ...	{ Boys, Girls, Infants.
Drimnagh ...	{ Boys, Girls, Infants.	St. Francis Xavier's, Dor- set St. ...	{ Boys, Girls.
St. Thomas', Gloucester St. ...	{ Boys, Girls, Infants.	Cabra West ...	{ Boys, Infants.
Bloomfield Ave. ...	{ Boys, Girls.	Synge St. ...	Boys.
Leeson Park ...	{ Boys, Girls.		

DEFECTS FOUND DURING YEAR ENDED 31st DECEMBER, 1951.
Total number examined during the year—19,344.

DEFECTS					Defects requiring treatment	Defects requiring observation
Speech	...	...	...	...	162	353
Mental Condition	...	...	...	...	38	201
Vision (including squint)	...	...	...	...	3,292	4,243
Clothing	...	...	...	...	749	4,237
Footgear	...	...	...	...	1,380	6,737
Hair and Scalp	...	...	...	...	936	3,871
Body	...	...	...	...	304	3,568
Vaccination Nil	...	...	...	...	11,567	—
*Inoculation Nil	...	...	...	...	3,856	—
Nutrition	...	...	...	...	634	2,324
Teeth	...	...	...	...	11,196	1,318
Glands, Enlarged	...	...	...	...	267	1,464
Hearing	...	...	...	...	71	154
EAR :—						
Otitis Media	...	...	...	...	28	35
Other Diseases	...	...	...	...	44	23
NOSE AND THROAT :—						
Enlarged Tonsils, and Adenoids	...	...	...	...	1,551	2,802
Other Defects	...	...	...	...	246	254
EYE :—						
Blepharitis	...	...	...	...	263	152
Conjunctivitis	...	...	...	...	278	18
Keratitis	...	...	...	...	6	1
Corneal Opacity	...	...	...	...	3	4
Squint	...	...	...	...	460	179
Other Diseases	...	...	...	...	128	71
SKIN :—						
Ringworm, Head	...	...	...	...	2	—
Ringworm, Body	...	...	...	...	7	—
Scabies	...	...	...	...	4	3
Impetigo	...	...	...	...	61	36
Other Diseases	...	...	...	...	297	396
HEART AND CIRCULATION :—						
Organic Heart Disease	...	...	...	...	73	233
Functional Heart Disease	...	...	...	...	15	483
Anaemia	...	...	...	...	265	2,903
LUNGS :—						
Bronchitis	...	...	...	...	69	305
Other Defects	...	...	...	...	17	54
Definite Pulmonary T.B.	...	...	...	...	14	37
Suspected Pulmonary T.B.	...	...	...	...	1,898	1,419
Definite Non-Pulmonary T.B.	...	...	...	...	6	36
Suspected Non-Pulmonary T.B.	...	...	...	...	43	18
NERVOUS SYSTEM :—						
Epilepsy	...	...	...	...	3	1
Chorea	...	...	...	...	1	—
Other	...	...	...	...	13	35

Defects found during the Year ended 31st December, 1951—(contd.).

DEFECTS					Defects requiring treatment	Defects requiring observation
DEFORMITIES :—						
Rach	...	...	...	...	18	1,452
Spinal Curvature	...	...	...	...	1	121
Other	...	...	...	...	129	423
POSTURAL DEFECTS :—						
Round Shoulders	...	...	...	...	139	3,135
Scoliosis	...	...	...	...	59	136
Flat Feet	...	...	...	...	212	1,258
OTHER CONDITIONS :—						
Infectious Diseases	...	...	...	...	1	9
Rheumatism	...	...	...	...	3	83
Rickets	...	...	...	...	52	1,835
Hernia	...	...	...	...	2	5
Other Diseases	...	...	...	...	158	1,930

* Verbal reply from child in response to verbal question during routine examination.

ASCERTAINMENT OF PHYSICALLY HANDICAPPED CHILDREN (EXCLUDING MENTALLY HANDICAPPED), 1951. CHILDREN OF 6 TO 16 YEARS.

Boys.			GIRLS.		
Cerebral Palsy	Poliomyelitis	Other Causes	Cerebral Palsy	Poliomyelitis	Other Causes
44	50	217	38	44	162

Also on our list are the following handicapped children :—

					Boys	Girls
Wearing Artificial Eyes	...	...	...	...	34	19
Suffering from Congenital Heart Lesion	...	...	...	...	11	21
Suffering from Coeliac Disease	...	...	...	...	11	7
Suffering from Joint T.B. :—						
	Spine	...	...	...	4	4
	Hip	...	...	...	4	9
	Knee	...	...	...	2	3
	Foot	...	...	...	2	2

This does not include Thoracic and/or Extra-Thoracic Tuberculosis in children treated by City T.B. Service.

* Not wholly disabled but unfit for attendance at ordinary schools, etc.

Handicapped children not included in these categories are cases suffering or recovered from Rheumatism, Cardiac Disease, Epilepsy, Deafness, Partial Deafness, Blindness, Partial Blindness, Debility, e.g. Chronic Bronchitis, Bronchiactasis, Asthma, Tuberculosis healed/arrested, Diabetes, Nephritis, Pyelitis, Anaemia, Cleft Palate, Speech Defects, Post operative conditions, e.g. Mastoid, Nephrectomy, etc. etc.

DEFECTS TREATED—SCHOOL CHILDREN, 1951.

Skin	Ringworm Scalp	20
	„ Body	8
	Impetigo	120
	Other skin conditions	59
	Visits to Out Patient's Department ...	495
INTERN CASES :		
	Dermatitis (chronic)	2
Eye	Defective Vision (including squint) ...	2,986
	Orthoptic treatments	26
	Blepharitis	210
	Conjunctivitis	80
	Corneal Ulcer	5
	Hordeolum	56
	Chalazion	14
	Phlyctenular Disease	8
	Interstitial Keratitis	2
	Visits to Out Patients' Department ...	1,486
INTERN CASES :		
	Squint operations	48
	Cataract	2
	Blepharitis	20
	Congenital Defect of lens	1
	Cyst	4
	Corneal Ulcer	1
	Conjunctivitis	9
	Hordeolum	7
	Phlyctenular Disease	2
	Interstitial Keratitis	2
	Miscellaneous Defects	17
Ear	Otitis Media	96
	Otorrhoea	10
	Miscellaneous Defects	22
	Visits to Out Patients' Department ...	589
INTERN CASES :		
	Sinusitis	14
	Otitis Media	9
	Mastoid	7
Nose and Throat	Nasal Defect	12
	Epistaxis	18
	Other Defects	30
	Visits to Out Patients' Department ...	279

Nose and Throat—continued.

INTERN CASES :

Nasal Obstruction	...	...	2
Septum ...	...	...	1
Polypus ...	...	...	2
Miscellaneous Defects	...	...	1
Tonsils and Adenoids Operation	...	...	1,325

Orthopaedic

EXTERN CASES :

Talipes ...	...	...	5
Pes Planus	...	...	310
Pes Cavus	...	...	3
Drop Foot	...	...	6
Rickets ...	...	...	10
Genu valgum	...	...	43
Genu varum	...	...	6
Post Poliomyelitis	...	...	32
Defect of hip	...	...	15
Round Shoulders	...	...	110
Torticollis	...	...	4
Attendances for Physio-therapy	...	...	6,328
Orthopaedic Appliances supplied, including Renewals and repairs	...	...	967

Orthopaedic

INTERN CASES :

Perthes Disease	...	...	8
Spastic Paralysis	...	...	1
Dystrophy	...	...	1
Club Feet	...	...	7
Post Poliomyelitis	...	...	14
Torticollis	...	...	4
Other Defects of Feet	...	...	4
Flat Feet	...	...	32
Congenital dislocation of hip	...	...	1
Scoliosis ...	...	...	2
Rickets ...	...	...	1
Osteomyelitis	...	...	1
Miscellaneous Defects	...	...	8

SPECTACLES, ETC.

Spectacles Supplied	...	...	2,974
Spectacles repaired	...	...	1,778
Occluders ...	...	...	50
Artificial Eyes	...	...	10

DENTAL TREATMENT SCHEME, 1951.

	Extractions Local Anaesthetic	Extractions General Anaesthetic	Fillings	Dressings and Scalings	X-Rays
Dental Hos- pital ...	3,891	10,572	4,113	2,153	114
Dental Clinics	10,878	689	1,225	1,405	—

Total number who attended for examination—13,647.

Attendances

E.N.T. Clinic ...	4,197
Orthopaedic Clinic ...	189
Cerebral Palsy Clinic ...	1,695

TREATMENT OF ABNORMAL CHILDREN, 1951.

Physical Defectives : Admitted
during
1951.

RESIDENTIAL SCHOOLS :

St. Joseph's School for the Blind, Drumcondra (Boys)	3
St. Mary's Home for Blind, Merrion (Girls) ...	Nil
St. Joseph's School for Deaf Mutes, Cabra (Boys) ...	19
St. Mary's School for Deaf Mutes, Cabra (Girls) ...	Nil

HOSPITAL SCHOOLS :

Linden ...	152
Cabinteely ...	28
Orthopaedic Hospital, Clontarf ...	47
St. Mary's Open-Air Orthopaedic Hospital, Cappagh	15
Auxiliary Orthopaedic Hospital, Baldoyle ...	2

CONVALESCENT HOMES :

Cheeverstown ...	314
St. Anthony's, Merrion ...	405

Mental Defectives :

St. Vincent's Home, Cabra (Girls) ...	17
St. Augustine's Colony, Blackrock ...	9
Home for Older Girls, Clonsilla ...	Nil
Glenmaroon St. Joseph's ...	Nil

Epileptics :

Blessed Oliver Plunkett Colony, Mulhuddart ...	2
--	---

MIDWIVES ACT, 1944,
and the
REGISTRATION OF MATERNITY HOMES, ACT,
1934

Report by

Miss A. Tierney, R.G.N., S.C.M.

Midwives Act, 1944.

During the year 1951, 267 Midwives gave the required notice of their intention to practise within the area of the Local Supervising Authority.

In conformity with the Rules of the Central Midwives Board, the midwives were visited at intervals throughout the year at their own homes. Special attention was given to personal cleanliness of the midwives and the condition of their homes and the necessary appliances, bag contents, etc. The Registers, containing the entries of births attended by midwives were examined and were, with very few exceptions, found to be correctly kept.

No Midwife was reported for breach of the Rules and Regulations in the period.

No unregistered woman was found practising without medical assistance.

Inspection of Midwives.

The total number of visits made during the year 1951 was 667, as compared with 816 in the previous year. In addition, 1,196 visits (to Maternity Hospitals, homes of patients, etc.) were made during the year, as compared with 648 in the previous year.

Registration of Maternity Homes Act, 1934.

The number of homes registered under the above Act in the City on the 31st December, 1951, was 31. One new application for registration was received during the period under review. The Homes on the Register at the end of the year numbered 31 and 5 Institutions.

Throughout the year the Nursing Homes were visited regularly. 258 inspections were made.

The condition of the Homes generally was found satisfactory.

VERGEMOUNT FEVER HOSPITAL CLONSKEAGH

REPORT FOR THE YEAR ENDED 31st DECEMBER, 1951.

BY

F. N. ELCOCK, L.R.C.P.S.I., D.P.H.,

Resident Medical Superintendent.

During the year ended 31st December, 1951, one thousand five hundred and sixty nine cases were admitted to Vergemount Fever Hospital. 139 cases remained in hospital at the close of the year 1950, and the total number under treatment was 1708. There were 32 deaths and 1,676 were discharged cured.

The mortality rate for all cases under treatment was 1.87 per cent as compared with 1.83 per cent in 1950 and 3.18 per cent in 1949.

The number of admissions for the year showed a decrease of 329 from the previous year. Scarlet Fever admissions numbered three hundred and forty six cases, and accounted for 22 per cent of the total admissions. There were no cases of Diphtheria admitted during the year.

Dr. J. Costello, Senior House Physician left the staff on 30th June, 1951, having completed his period of office. Dr. M. McParland, Junior House Physician also left on 30th June to take up the post of Assistant Medical Officer of Health in Preston. Dr. M. Reilly was then appointed Senior House Physician and Dr. D. Donovan, Junior House Physician.

Nurses Horgan and Lyons were appointed staff nurses. Miss M. McDonald, Catering Superintendent

resigned in January and was replaced by Miss S. Hyland. Mr. P. McBride, Storekeeper, resigned early in the year and was replaced by Mr. T. McMahon.

Numerous repairs and paintings were carried out both in the Hospital and Nurses' Home during the year. A storeroom was erected in the Kitchen, Service Block, and a new potato peeler was installed. A new road was provided to the Vegetable Stores. Eight new Food Containers (insulated) were purchased during the year.

One Block was closed during the year and made ready for cases of Smallpox or suspected cases.

Clinical instruction in Infectious Diseases was given to students of National University, Trinity College, Royal College of Surgeons, and also to candidates seeking the Diploma in Child Health.

As in previous years cases of Gastro-Enteritis were admitted to Clonskeagh when beds were not available in St. Clare's Hospital, Glasnevin. The ambulance service for St. Clare's Hospital was continued throughout the year.

I would like to thank Doctors Costello, McParland, Reilly and Donovan for their help during the year, also the Nursing Staff under the supervision of the Matron, Miss Cusack. To Mr. T. A. Bouchier Hayes (Surgeon), to Dr. A. Mooney (Ophthalmic Surgeon), and to Dr. J. H. Stritch (City Bacteriologist) my best thanks are due for their advice during the year.

Mr. Hannon as in former years was responsible for the clerical side of the hospital administration and was instrumental in introducing new and improved methods of Stores Accounts.

In conclusion I wish to thank Dr. J. A. Harbison, City Medical Officer and his staff for their help during the year.

TABLE I.

SHOWING THE NUMBER OF ADMISSIONS AND THE NUMBER OF DEATHS FOR THE YEAR ENDING 31ST DECEMBER, 1951.

Disease	Number of Cases Admitted	Number Died	Case Mortality
Scarlet Fever	346	—	—
Measles	243	3	1·23
Pertussis	188	8	4·25
Tonsillitis	150	—	—
Varicella	83	—	—
Diarrhoea and Enteritis (under 2 years)	49	3	6·12
Mumps	34	—	—
Erysipelas	24	—	—
Lobar Pneumonia	23	2	8·70
Meningismus	20	—	—
Influenza	18	—	—
Meningococcal Meningitis	13	1	7·70
Rheumatic Fever	12	—	—
Rubella	11	—	—
Bronchopneumonia	10	2	20·00
Dysentery	9	—	—
Enteric Fever	8	—	—
Tuberculous Meningitis	6	6	100·00
Poliomyelitis	5	1	20·00
Infectious Mononucleosis	4	—	—
Undulant Fever	2	—	—
Food Poisoning	2	—	—
Streptococcal Meningitis	1	—	—
Miscellaneous	308	6	1·94
	1,569	32	2·04

SCARLET FEVER.

Three hundred and forty six cases were admitted for treatment which shows a decrease of 349 from the previous year. There were no deaths. The type still continues to be a mild one. Treatment by Scarletinal Antitoxin continues to give the best results. The following complications were noted viz :—

ADENITIS.
OTORRHOEA.
RHINORRHOEA.
ABSCESES
WHITLOWS.

ARTHRITIS.
ENDOCARDITIS.
ALBUMINURIA.
NEPHRITIS.

CONCURRENT INFECTIONS.

Nine cases on admission suffered concurrently with Scarlet Fever and Varicella.

Table 3 shows the number of Scarlet Fever admissions for the past twelve years.

TABLE II.

SHOWING THE NUMBER OF SCARLET FEVER CASES CLASSIFIED IN AGE AND SEX GROUPS FOR THE YEAR 1951.

	0—4	5—9	10—14	15—24	25	Total
Male ...	60	74	25	6	7	172
Female	48	64	41	14	7	174
	108	138	66	20	14	346

TABLE III.

SHOWING THE NUMBER OF SCARLET FEVER ADMISSIONS, THE NUMBER OF DEATHS AND THE CASE MORTALITY FOR THE YEARS 1940-51.

Year	Number of Cases Admitted	Number Died	Case Mortality
1940 ...	172	2	1·16
1941 ...	167	—	—
1942 ...	291	—	—
1943 ...	129	—	—
1944 ...	129	—	—
1945 ...	123	—	—
1946 ...	103	—	—
1947 ...	171	—	—
1948 ...	1,148	—	—
1949 ...	841	1	0·12
1950 ...	695	—	—
1951 ...	346	—	—
Total ...	4,315	3	0·06

MEASLES.

Two hundred and forty three cases were admitted, which shows a decrease of 97 from the previous year. There were three deaths, giving a mortality rate of 1.23 per cent as compared with 1.47 per cent in 1950. Of the three deaths, one was a baby aged eleven months who died from Bronchopneumonia and cardiac failure shortly after admission ; the second, a baby of nine months (undernourished) who developed Bronchopneumonia and Enteritis and who died on the fifteenth day of disease ; and the third, a baby of one year who died from Bronchopneumonia within eight days.

CONCURRENT INFECTIONS.

Two cases on admission suffered concurrently with Measles and Pertussis ; one case with Measles and Scarlet Fever ; and one case with Measles and Varicella.

Table IV shows the number of Measles admissions for the twelve years 1940–1951.

TABLE IV.

SHOWING THE NUMBER OF MEASLES ADMISSIONS, THE NUMBER OF DEATHS AND THE CASE MORTALITY FOR THE YEARS 1940–1951.

Year	Number of Cases Admitted	Number Died	Case Mortality
1940	46	4	8.70
1941	108	7	6.48
1942	43	3	6.97
1943	13	—	—
1944	45	—	—
1945	81	2	2.47
1946	70	7	10.00
1947	250	7	2.80
1948	140	5	3.57
1949	196	4	2.04
1950	340	5	1.47
1951	243	3	1.23
Total	1,575	47	2.98

PERTUSSIS.

One hundred and eighty eight cases were admitted during the year, showing a decrease of 11 from the previous year. There were 8 deaths giving a mortality rate of 4.25 per cent as compared with 5.02 per cent in 1950.

The type of whooping cough admitted was a very virulent one.

Aureomycin was found to be beneficial but not always dramatic in its results. The chocolate preparation was administered and the number of paroxysms was reduced. In some patients there was an exacerbation of cough after the treatment was discontinued.

The complications noted in some of the recovered cases were as follows :—

BRONCHOPNEUMONIA.

ENTERITIS.

STOMATITIS.

LARYNGITIS.

RHINITIS.

OTITIS MEDIA.

SUBCONJUNCTIVAL HAEMORRHAGE.

FIBROSIS OF LUNG.

An analysis of the deaths is shown in table V.

CONCURRENT INFECTIONS.

One case on admission suffered concurrently with Pertussis and Varicella ; one case with Pertussis and Measles ; and one case with Pertussis and Herpes Zoster.

TABLE V.

SHOWING AN ANALYSIS OF DEATHS FROM PERTUSSIS FOR
THE YEAR 1951.

Ref. No.	Age and Sex	Days ill before Admission	Observations.
28	9 months Male	7	Undernourished child. (Mother in Sanatorium under treatment for Tuberculosis). On admission bilateral chronic otitis media. Spasms very severe. No response to antibiotics. Child died three weeks after admission from Bronchopneumonia and exhaustion.
100	9 months Male	6	Very severe spasms. Died five days after admission from Intracranial Haemorrhage following Bronchopneumonia.
147	4 months Female	4	Severe spasms. Death from Bronchopneumonia and acute Gastro-Enteritis on 4th week.
233	2 months Female	4 weeks	Admitted with severe spasms. Chronic type of chest on admission; developed Enteritis, did not respond to treatment. Died on 8th week.
266	11 months Female	14	Severe spasms. Death from Bronchopneumonia and cardiac failure on 4th week of disease.
320	1 year Female	2 weeks	Very severe spasms on admission. Previous history of primary Tuberculosis. Father under treatment in a Sanatorium. Tuberculosis and wasting progressive. No response to Streptomycin. Died four months after admission.
327	9 months Male	14	Moribund on admission. Died after 26 hours from Bronchopneumonia and cardiac failure.
834	10 months Female	7	Severe spasms (prolonged) on admission with Enteritis. Died five weeks after admission.

TABLE VII.

SHOWING THE NUMBER OF DIARRHŒA AND ENTERITIS (UNDER TWO YEARS) ADMISSIONS, THE NUMBER OF DEATHS, AND THE CASE MORTALITY FOR THE YEARS 1941-1951.

Year	Number of Cases Admitted	Number Died	Case Mortality
1941 ...	115	70	60·87
1942 ...	70	42	60·00
1943 ...	70	43	61·42
1944 ...	45	9	20·00
1945 ...	52	16	30·77
1946 ...	61	18	29·50
1947 ...	93	27	29·03
1948 ...	50	7	14·00
1949 ...	32	14	43·75
1950 ...	12	—	—
1951 ...	49	3	6·12
Total ...	649	249	38·36

PNEUMONIA.

Thirty three cases of Pneumonia were admitted to the wards for the year showing an increase of 10 from 1950. They are classified as follows :—

Type	Number	Deaths	Case Mortality
Lobar Pneumonia	23	2	8·70
Bronchopneumonia	10	2	20·00
Total ...	33	4	12·12

Of the two deaths from Lobar Pneumonia, one a man of fifty eight years died thirteen hours after admission ; the other, a man of fifty nine years who died six hours after admission.

There were two deaths from Br. Pneumonia, one, a baby of one year (8 days ill before admission) who died 3 days after admission, and the other, a man of twenty nine years who died 24 hours after admission.

TABLE VIII.

SHOWING THE NUMBER OF CASES OF LOBAR PNEUMONIA ADMISSIONS, THE NUMBER OF DEATHS AND THE CASE MORTALITY FOR THE YEARS 1940-1951.

Year	Number of Cases Admitted	Number Died	Case Mortality
1940 ...	18	—	—
1941 ...	27	1	3·70
1942 ...	31	—	—
1943 ...	14	1	7·14
1944 ...	14	—	—
1945 ...	45	8	17·77
1946 ...	68	—	—
1947 ...	58	1	1·72
1948 ...	79	2	2·53
1949 ...	37	2	5·40
1950 ...	14	—	—
1951 ...	23	2	8·69
Total ...	428	17	3·97

MENINGITIS.

Twenty-four cases of Meningitis were treated during the year and were classified as follows :—

Type	Number	Deaths	Case Mortality
Meningococcal	13	1	7·69
Tuberculous ...	6	6	100·00
Benign			
Lymphocytic	3	—	—
Pneumococcal ...	1	—	—
Streptococcal ...	1	—	—

Meningococcal Meningitis shows an increase of three from the previous year. There was one death ; a girl of three years who died from acute fulminating type within twenty hours.

Six cases of Tuberculous Meningitis were admitted in too late a stage of the disease to benefit by treatment.

MENINGISMUS.

Twenty cases of Meningismus were admitted as suspected cases of Meningitis and Poliomyelitis. All made good recoveries. Some of these admissions may have been cases of abortive poliomyelitis.

DIPHTHERIA.

There were no cases of Diphtheria admitted to the hospital since 1948.

Table IX shows the gradual decline of Diphtheria admissions since the year 1943.

TABLE IX.

SHOWING THE NUMBER OF DIPHTHERIA ADMISSIONS AND DEATHS
FOR THE YEARS 1939-1951.

Year	Number of Cases Admitted	Number Died	Case Mortality
1939 ...	214	32	14·95
1940 ...	155	19	12·25
1941 ...	118	15	12·62
1942 ...	309	25	8·09
1943 ...	671	37	5·51
1944 ...	569	37	6·50
1945 ...	234	14	6·00
1946 ...	59	2	3·40
1947 ...	30	2	6·33
1948 ...	8	2	25·00
1949 ...	—	—	—
1950 ...	—	—	—
1951 ...	—	—	—
Total ...	2,367	185	7·81

POLIOMYELITIS.

Five cases were admitted for treatment, there was one death, a baby of two years admitted on the 6th day of disease with diaphragmatic and bulbar paralysis, who died twenty-four hours after admission.

ENTERIC FEVER.

Eight cases were admitted—two were due to *B. Typhosus* Infection and six to *B. Paratyphos* 'B'. All made good recoveries and Chloromycetin was found to be effective.

In one case a persistent carrier of *B. Typhosus* was rendered negative with Opocal—an Iodophthalein Compound.

ERYSIPELAS.

Twenty-four cases were admitted showing a decrease of 7 from the previous year. All made good recoveries. Twenty-three were of the Facial Type and the remaining one was crural in origin.

INFECTIOUS MONONUCLEOSIS.

Four cases were admitted. No complications were observed and all made good recoveries. Chlormycetin appears to be the drug of choice in this infection.

MUMPS, RUBELLA AND VARICELLA.

Thirty-four cases of Mumps, eleven cases of Rubella and eighty-three of Varicella were admitted during the year.

Two cases of Mumps developed Orchitis and one of the cases of Varicella suffered concurrently with Herpes Zoster.

DYSENTERY.

Nine cases were admitted, eight being due to the Flexner Type and one caused by Sonne Type. All made

good recoveries and all cases were treated successfully with Aureomycin.

MISCELLANEOUS CASES.

Three hundred and eight cases were admitted as suffering from various infectious ailments. There were 6 deaths.

Table X shows an analysis of these deaths.

TABLE X

Ref. No.	Age and Sex	Notified as	Observations.
27	1½ years Male	Laryngeal Diphtheria	Marked stridor and recession on admission. Two hours after admission condition worse. Tracheotomy performed—no exudation or membrane expelled from tube. Air entry good. Patient died 2 hours after operation.
423	2 years Male	Pertussis and Bronchitis	Miliary Tuberculosis. No response to Streptomycin.
427	30 years Female	Meningitis	A case of subarachnoid Haemorrhage.
439	62 years Male	Lobar Pneumonia	Toxic myocarditis. Acute cardiac failure three weeks after admission.
719	65 years Male	Infective Hepatitis	Carcinoma of Liver—fatal 12 days after admission.
1429	32 years Female	Bornholm Disease	Uraemia and Disseminated Sclerosis. Died fifteen days after admission.

TRANSFER OF CASES TO OTHER HOSPITALS.

ST. LAURENCE'S HOSPITAL Two cases of Cerebral Abscess. One case of Transverse Myelitis.

MATER HOSPITAL One case of Intestinal Carcinoma. One case of Brain Tumour.

ST. MARY'S CHEST HOSPITAL. One case of Tuberculosis.

CROOKSLING SANATORIUM One case of Tuberculosis.

SIR PATRICK DUN'S HOSPITAL	....	....	Two cases of Leukaemia.
ROYAL CITY OF DUBLIN HOSPITAL	....	....	One case of Sinusitis. One case of Arthritis.
ST. KEVIN'S HOSPITAL	....		One case of Acute Abdomen.
CHILDRENS' HOSPITAL, TEMPLE ST.	....		One case of spastic paralysis.
ST. ULTAN'S HOSPITAL	....		One case of Malnutrition.
HARCOURT STREET HOSPITAL	....	....	One case of Jaundice.
MEATH HOSPITAL	....		One case of Head Injury.
HOLLES STREET HOSPITAL			One case of pregnancy. One case of Pyelitis.
JERVIS STREET HOSPITAL			One case of Pyelo-Nephrosis.
MERCER'S HOSPITAL	....		One case of acute Appendicitis.
PIDGEON-HOUSE SANATORIUM	....	....	One case of Phthisis.
FAIRYHILL SANATORIUM	....		One case of Tuberculosis.

ADMISSIONS.

1939	....	....	593
1940	....	....	744
1941	....	....	1,144
1942	....	....	1,146
1943	....	....	1,348
1944	....	....	1,591
1945	....	....	1,303
1946	....	....	1,106
1947	....	....	1,407
1948	....	....	2,245
1949	....	....	1,808
1950	....	....	1,898
1951	....	....	1,569

TUBERCULOSIS.

ST. MARY'S CHEST HOSPITAL.

During the year 1951 the medical and surgical departments of the hospital continued to develop on a satisfactory scale. There was a further increase in the number of major surgical operations performed, 333 as compared with 231 in 1950. The details of these will be found in the pages of the report. Mr. Maurice Hickey, M.Ch., F.R.C.S., who had been Thoracic Surgeon in St. Mary's since the opening of the hospital left during the year to take up a similar position in Cork. He did a lot of excellent work here and we were indeed sorry to lose him. He has been replaced by Mr. Brendan O'Neill, M.Ch., F.R.C.S., who has a wide experience in thoracic surgery.

It was decided to hold special out-patient clinics for those who were discharged following major surgical operations. These clinics have proved to be very beneficial to the patients who continue to receive the expert supervision of the senior medical staff under whose care they had been while in hospital. The medical staff also gain by being enabled to supervise the long-term results of their work. The sessions are held on one day each week and there was a total of 388 attendances during the year.

A special Night Home for Nurses was completed and opened early in the year. This has been a great benefit. The need of a larger Home for the General Nursing Staff is keenly felt. I drew attention to this in my last two Annual Reports and I hope that the building of this Home will not be unduly delayed. The laboratory and the Pharmacy are both under construction and will be ready for use early in 1952.

One Occupational Therapist has been appointed to instruct women patients in various forms of diversional

therapy. This is very important work and it is already evident that more than one appointment is necessary. In particular there is a great need to have somebody to instruct male patients in suitable forms of occupation.

The X-ray Department has been particularly busy this year. A second radiographer was appointed in January and it is now quite clear that another x-ray plant is needed as one main plant is not sufficient for all the work which requires to be done.

At Easter the Catholic Chapel was ready for religious services. This building is not new. It was built of cut granite blocks around 1767 and had been in use up to 1948 as a Church of Ireland place of worship. Owing to the large number of Catholic patients and staff in the hospital it was considered desirable to use this building for Catholic Services. A new altar made of oak and seats of pitch pine were provided. The chapel is tastefully decorated and is bright and well ventilated. It has been much admired by visitors to the hospital. A small chapel for the use of Church of Ireland patients is at present under construction and will be ready for services early in 1952.

I wish to thank all members of the staff, medical, nursing, clerical and others who have co-operated with me so well during the year and who by their hard work made the achievements of 1951 possible.

C. K. MacARDLE, M.D., D.P.H.,
Medical Superintendent.

	Male.	Female.	Total.
1. Total number of patients treated in 1951	401	701	1,102
Total number of admissions	185	331	516
Total number of patients admitted	184	326	510

1.	Male.	Female.	Total.
Total number of dis- charges	162	308	470
Total number of deaths	17	22	39
In hospital on 31/12/'50	216	370	586
In hospital on 31/12/'51	222	371	593

2. Classification of Patients on Admission.

	T.B. Minus	T.B.+1	T.B.+2	T.B.+3
Male ...	61	6	113	5
Female ...	157	20	147	7
Total ...	218	26	260	12

3. Classification of Patients following Institution In- vestigation.

	A1	A2	A3	B1	B2	B3	Non- Pul.	Non- Tub.	Not Classified
Male ...	5	10	—	8	144	13	—	5	—
F. ...	21	22	3	21	237	19	1	4	3
Total ...	26	32	3	29	381	32	1	9	3

4. Age Groups on Admission.

	Under 15 yrs.	15/24	25/34	35/44	45/54	55/64	65 and over
Male ...	2	49	60	42	25	7	—
Female ...	8	132	116	55	19	—	1
Total ...	10	181	176	97	44	7	1

5. History of Contact.

Male 60 (32.7%). Female 108 (32.6%).

6. Length of Time in Hospital—Patients discharged during year 1951.

	0/7 days	7/30 days	1/2 mths.	2/3 mths.	3/6 mths.	6/9 mths.	9/12 mths.	over 1 year
Male ...	—	3	6	9	16	21	15	92
Female ...	5	12	9	10	27	37	47	161
Total ...	5	15	15	19	43	58	62	253

7. Condition on Discharge.

		Arrested or Quiescent	Improved	No Improvement	Worse
Male ...	...	47	89	24	2
Female	...	93	166	44	5
Total	...	140	255	68	7

8. Reason for Discharge.

		Medical	Own Accord	Transferred to other hospitals	Dismissed	Died
Male	...	108	40	8	6	17
Female	...	197	98	12	1	22
Total	...	305	138	20	7	39

9. Sputum on Discharge.

		Pos. to Neg.	Pos. to Pos.	Neg. to Neg.	Not Classified
Male ...	...	80	59	23	—
Female	...	151	84	71	2
Total	...	231	143	94	2

38 Patients were discharged with A.P. Sputum results as follows :

18 Patients were negative on culture of sputum.

6 Patients were negative on guinea pig inoculation of sputum.

11 Patients were negative on gastric lavage culture.

3 did not convert.

5 Patients were discharged with Bilateral A.P. Sputum results as follows :

1 Patient was negative on culture of sputum.

3 Patients were negative on guinea pig inoculation of sputum.

1 Patient was negative on culture of gastric lavage.

5 Patients were discharged with combined A.P. and P.P. with Phrenic Crush. Sputum results as follows :

2 Patients were negative on culture of sputum.

3 Patients were negative on culture of gastric lavage.

56 Patients were discharged with P.P. and Phrenic Crush. Sputum results as follows :

22 Patients were negative on culture of sputum.

10 Patients were negative on guinea pig inoculation of sputum.

14 Patients were negative on culture of gastric lavage.

3 Patients were negative on guinea pig inoculation of gastric lavage.

3 Patients were negative on culture of laryngeal swab.

4 did not convert.

10 Patients were discharged who had Pneumectomy. Sputum results as follows :

7 Patients were negative on culture of sputum.

1 Patient was negative on guinea pig inoculation of sputum.

1 Patient was negative on culture of gastric lavage.

1 did not convert.

9 Patients were discharged who had Lobectomy. Sputum results as follows :

5 Patients were negative on culture of sputum.

4 Patients were negative on culture of gastric lavage.

100 Patients were discharged who had a Thoracoplasty. Sputum results as follows :

58 Patients were negative on culture of sputum.

12 Patients were negative on guinea pig inoculation of sputum.

9 Patients were negative on culture of gastric lavage.

1 Patient was negative on culture of laryngeal swab.

20 did not convert.

14 Patients were discharged who had Extra Pleural Pneumothorax. Sputum results as follows :

- 11 Patients were negative on culture of sputum.
- 1 Patient was negative on culture of gastric lavage.
- 1 Patient was negative on guinea pig inoculation of sputum.
- 1 did not convert.

4 Patients were discharged who had a Pneumoplasty. Sputum results as follows :

- 1 Patient was negative on culture of sputum.
- 2 Patients were negative on guinea pig inoculation of sputum.
- 1 Patient was negative on culture of gastric lavage.

Treatment carried out during 1951.

Patients who had Postural Treatment	....	86
Patients who had course of Streptomycin only		2
Patients who had course of P.A.S. only	....	12
Patients who had combined Streptomycin and P.A.S. Treatment	.... .... ....	429

Artificial Pneumothorax Treatment.

Inductions attempted	.... .... ....	126
Patients admitted with A.P.	.... ....	8
A.P. abandoned and failed	.... ....	57
Pleural Effusions requiring aspirations	....	7
Refills	.... .... ....	3,462

Artificial Pneumoperitoneum Treatment.

Inductions	.... .... ....	159
Patients admitted with P.P.	.... ....	2
P.P. abandoned	.... ....	36
Refills	.... .... ....	3,647

Extra Pleural Pneumothorax Treatment.

Extra Pleurals done	22
Extra Pleurals abandoned	.... ....	2
Extra Pleural Refills	.... ....	719

Thoracoplasty.

Number of operations in stages	....	251
Cases Treated	....	118
Pneumonectomy	....	8
Correctoplasty	....	2
Lobectomy	....	22
Pneumoplasty	....	21
Plombage	....	5
Decortication	....	2
Extra Pleural Pneumothorax	....	22
Adhesion Section	....	75
Thoracoscopy only	....	24
Thoracotomy	....	6
Phrenic Crush	....	159
Bronchoscopy	....	93
Epididymo-Orchidectomy	....	1
Cystoscopy and Retrograde Pyleogram	....	3
Proctoscopy	....	1
Sigmoidoscopy	....	1
Oesophagoscopy	....	1
Appendicectomy	....	1
Excision of Thoracoplasty wounds	....	16
Minor Operations	....	22
Blood Transfusions	....	404
Aspiration of pleural effusion	....	360

Investigations.

X-ray examinations	....	11,665
Fluoroscopic examinations	....	6,004
B.S.R.	....	7,248
Sputum examinations :—		
Direct Microscopy	....	5,066
Cultures	....	1,440
Guinea Pig Inoculations	....	73
Gastric Lavages :—		
Direct Microscopy	....	577
Cultures	....	573
Guinea Pig Inoculations	....	19
Laryngeal Swab Cultures	....	61

Streptomycin Sensitivity Tests	....	....	321
C.S.F. Examinations	....	....	28
Pleural Fluid examinations	....	....	66
Blood Count Examinations	....	....	709
Blood Sugar Examinations	....	....	113
Blood Urea Examinations	....	....	57
Glucose Tolerance Test	....	....	4
Blood Cholesterol	....	....	7

Complications.

Pleural effusion requiring aspiration	....	....	14
T.B. Empyema	....	....	18
(12 patients admitted with Empyema, 6 patients developed empyema during treatment).			
Spontaneous Pneumothorax	....	....	8
Broncho Pleural Fistula	....	....	9
Haemoptysis (Severe)	....	....	43
T.B. Meningitis	....	....	5
T.B. Laryngitis	....	....	33
T.B. Facial Sinus	....	....	1
T.B. Adenitis	....	....	6
T.B. Tonsils	....	....	1
Irido-cyclitis	....	....	2
Lupus Erythematosus	....	....	1
Lupus Vulgaris	....	....	1
Ischio Rectal Abscess	....	....	3
T.B. Hip	....	....	3
T.B. Knee	....	....	3
T.B. Wrist	....	....	2
T.B. Elbow	....	....	1
T.B. Shoulder	....	....	1
T.B. Spine	....	....	6
T.B. Kidney	....	....	3
Addison's Disease	....	....	2
T.B. Cystitis	....	....	1

T.B. Epididymitis	....	....	....	7
T.B. Endometritis	....	....	....	1
T.B. Peritonitis	....	....	....	3
T.B. Enteritis	....	....	....	3
Diabetes	....	....	....	7
Rheumatoid Arthritis		....	....	2
Disseminated Sclerosis	....	....	....	1
Chr. Otitis Media	....	....	....	10
Chronic Cholecystitis	....	....	....	1
Osteitis Deformans	....	....	....	1
Asthma	....	....	....	7
Epilepsy	....	....	....	1
Mitral Stenosis	....	....	....	1
Hypochromic Microcitic anaemia			....	1
Chronic Myocarditis	....	....	....	2
Inguinal Hernia	....	....	....	1
Deverticulitis	....	....	....	1

Classification of Non-Tuberculous Cases.

Bronchiectasis	....	....	....	1
Lung Abscess	....	....	....	1
Chronic Nephro-Sclerosis		....	....	1
Non-Tuberculous Pneumonia	....		....	1

During the year 1951—746 patients were examined by the Ear, Nose and Throat Consultant.

During the year 1951—907 patients were examined by Dental Surgeon.

483 patients had extractions.

44 patients had fillings.

29 patients were supplied with dentures.

During the year 1951—Out-Patient Attendance of 388 for Post-Operative Check-up.

OCCUPATIONS OF PATIENTS ADMITTED DURING YEAR 1951.

Male				Male.			
Actors	...	...	2	Ship's Fireman	...	...	1
Acetylene Burner	...	...	1	Ship's Steward	...	...	1
Apprentices	...	...	2	Seaman	...	...	1
Army Personnel	...	...	4	Shop Assistants	...	...	4
Assembler	...	...	1	Shoe Maker	...	...	1
Baker	...	...	1	Stableman	...	...	1
Barmen	...	...	4	Storemen	...	...	3
Boilermaker	...	...	1	Student	...	...	1
Boot Repairer	...	...	1	Tailors	...	...	4
Builder	...	...	1	Teachers	...	...	1
Bus Conductor	...	...	1	Travellers (Commercial)	...	...	3
Carpenters	...	...	2	Vanmen	...	...	3
Carter	...	...	1	Waiter	...	...	1
Cinema Ushers	...	...	2				
Civil Servants	...	...	8				
Clerical Students	...	...	2				
Clerks	...	...	21	Female.			
Cloakroom Attendant	...	...	1	Apprentice	...	...	1
Dentist	...	...	1	Bank-Clerks	...	...	2
Dockers	...	...	3	Book-keepers	...	...	4
Doctors	...	...	2	Cashier	...	...	3
Draughtsmen	...	...	2	Civil Servants	...	...	12
Electricians	...	...	4	Clerks	...	...	10
Engineers	...	...	2	Companion	...	...	1
Factory Workers	...	...	2	Comptometer Operator	...	...	1
Fitters	...	...	3	Cook	...	...	1
Garda Siochana	...	...	1	Doctor	...	...	1
Hairdresser	...	...	1	Domestic	...	...	7
Insurance Officials	...	...	2	Dressmakers	...	...	6
Labourers	...	...	24	Factory Workers	...	...	35
Machinist	...	...	1	Hotel Workers	...	...	3
Manager of Shop	...	...	1	Housewives	...	...	127
Mechanic	...	...	1	Jewellery Repairer	...	...	1
Messenger	...	...	1	Laundry Workers	...	...	9
Motor Assemblers	...	...	2	Library Assistants	...	...	1
Motor and Lorry Drivers	...	...	5	Machinists	...	...	10
Milk Server	...	...	1	Nuns	...	...	5
Musician	...	...	1	Nurses	...	...	7
No Occupation	...	...	10	No Occupation	...	...	18
Orderly (Hospital)	...	...	1	Physiotherapist	...	...	1
Painters	...	...	3	Registrar	...	...	1
Plasterer	...	...	1	Schoolgirls	...	...	10
Plumbers	...	...	2	Seamstresses	...	...	4
Photographer	...	...	1	Shop Assistants	...	...	11
Physical Culture Instructor	...	...	1	Shorthand-Typists	...	...	8
Porters	...	...	3	Students	...	...	1
Postal Officials	...	...	5	Tailoress	...	...	11
Printers	...	...	2	Teachers	...	...	3
Priests	...	...	3	Telephonist	...	...	1
Railway Employees	...	...	7	Trimmer	...	...	1
Schoolboys	...	...	3	Typists	...	...	6
Sheet Metal Worker	...	...	1	Usherette, Cinema	...	...	1
				Waitresses	...	...	2

RIALTO HOSPITAL.

This, the ninth year of the Hospital's functioning, found many improvements well established and the all-important surgical work maintaining the good standard of the previous two or three years' growth. All departments of the hospital tend to show an expansion of activity and the type and complexity of the ailments and treatments tend to be more varied and interesting to the satisfaction of all concerned in the medical and nursing staff. In this respect especially it is noted that the non-tuberculous section has been eagerly availed of and this service obviously does much to satisfy a much felt want in regard to the treatment of non-tuberculous chest conditions. It is clear from the experience of the past two or three years that if this part of the work is to be satisfactorily carried on further beds will have to be made available for this type of patient. An out-patient Clinic for new cases of non-tuberculous chest conditions has been instituted and is held once a week. In this way there has been built up a waiting list as well as obviating the admission of unsuitable cases which would tend to hold up the very limited bed accommodation.

An Out-patient Department for post-operative cases is also functioning and serves a very useful purpose in keeping a check on these cases for a considerable time after discharge.

In regard to the type of treatment, no major departure from the orthodox lines of treatment has taken place. A tendency to conservatism in both major and minor forms of collapse therapy pays dividends. The main emphasis is on rest now as always. While resections may be a little more frequently performed, thoracoplasty is still the sheet-anchor of collapse therapy. A few cases have been found suitable for the relatively infrequent operation of pneumoplasty.

Chemotherapy shows no major advance in the past year while the recognised weapons have been used to considerable advantage.

A further expansion of bed-capacity was possible by the renovation of the former billiard room and one-time temporary X-ray Department. In this way some twenty-six beds were made available and enabled us to dispose of the unsatisfactory hut beds.

A much felt want in the shape of a Pathological Service in the hospital and a Mortuary and Post-mortem Room has still not been satisfied. Also no start has yet been made on the Annexes at the back of the hospital block to replace the old Annexes due for demolition.

In the new year the work of instituting a Training School for probationer sanatorium nurses was under way and the first candidates took their examination at the end of the year. The health of these students is checked on admission and the medical, nursing and domestic staffs undergo X-ray examinations at regular intervals.

The scheme for admission of emergency haemoptysis cases is still in operation. It is our experience that often this scheme is availed of to admit cases urgently which could not be regarded as genuine emergencies.

Recreation for the patients, as in previous years, consisted of concert parties by voluntary groups, fortnightly cinema shows, whist drives and other competitions amongst the patients, in addition to the usual indoor and outdoor games—billiards, clock golf etc.

Library facilities are supplied by the Hospital Library Council and administered by the Nursing Staff.

A start was made at providing living accommodation in the hospital grounds for the Assistant Medical Officer.

STAFF CHANGES.

During the year Mr. M. D. Hickey, F.R.C.S., thoracic surgeon, was transferred to Munster and was replaced by Mr. Brendan O'Neill, F.R.C.S.

The services of Mr. Desmond Kneafsey, F.R.C.S.I., assistant thoracic surgeon, were lost to Dublin on his transfer to Castlerea Regional Sanatorium as thoracic surgeon to the west of Ireland.

Dr. W. C. Ward was appointed Senior House Surgeon in February and Resident Surgical Officer in November.

Dr. M. J. O'Brien was appointed House Surgeon and Drs. Thos. O'Beirne and Kevin Walsh as House Physicians.

Dr. E. O'Connor acted for 3 months as House Surgeon and 3 months as House Physician.

Miss Healy was appointed to the long vacant post of Assistant Matron.

Mr. Brown filled the post of part-time pharmacist.

Miss A. M. O'Donohue took on the post of physiotherapist.

Mr. O'Brien-Moran was appointed dentist to the hospital.

Pressure of work in the X-ray Department was met by the appointment of a dark room technician.

JOHN DUFFY, M.D., F.R.C.P.I.,
D.P.H., T.D.D.

Bed capacity	....	....	274 to 3/4/51. 294 from 4/4/51.
Number treated in 1951	....	785	
Admissions	....	519	
Patients admitted	....	508	
Discharged	....	464	
Patients discharged	....	454	
Deaths	....	40	
In hospital	31/12/50	....	266
„	31/12/51	....	281

Daily percentage of bed occupancy 97% (4 beds kept available for emergency cases).

Cost per patient per day 16/6d. to 30/6/51.
20/2d. from 1/10/51.

Classification on admission.

	A & A1	A2	A3	B1	B2	B3	Non-T.B.	Not classified
M. ...	43	20	1	9	137	20	42	25
F. ...	33	11	3	12	80	11	32	29

Classification following Institutional investigation.

	A & A1	A2	A3	B1	B2	B3	Non-T.B.	Not classified
M. ...	10	16	3	18	139	50	58	3
F. ...	14	6	2	17	97	32	41	2

TUBERCULOUS CASES.

Age on admission.

	Under 15 yrs.	15/24 years	25/34 years	35/44 years	45/54 years	55/64 years	Over 65 yrs.
M. ...	2	44	72	59	42	15	5
F. ...	2	59	60	28	16	4	1

Family history of Tuberculosis.

	Positive	Negative	Doubtful
M. ...	71	122	46
F. ...	59	60	51

Length of time in hospital.

	0/7 days	7/30 days	1/2 mths.	2/3 mths.	3/6 mths.	6/9 mths.	9/12 mths.	Over 12 mths.
M. ...	10	25	24	19	46	27	12	58
F. ...	8	15	6	17	25	21	11	65

Classification on discharge.

	A & A1	A2	A3	B1	B2	B3	Not classified
M. ...	11	11	3	63	83	49	1
F. ...	8	4	1	70	56	27	2

Reasons for discharge.

		Recommended	Own Accord	Transferred	Dismissed	Death
M.	...	95	60	38	7	21
F.	...	94	35	25	—	14

Results on discharge.

		Quiescent	Improved	No change	Worse
M.	...	30	88	81	1
F.	...	53	55	44	2

Sputum investigation of patients with disease
“ Quiescent ” on discharge.

(a) No sputum	....	....	....	—
(b) Sputum negative on direct microscopy				3
(c) Sputum negative on culture			....	23
(d) Negative gastric lavage.	....		....	57

Patients admitted with unconfirmed diagnosis of T.B.

Male	....	....	89
Female	....	....	76

Classification following Institutional investigation.

		A1	A2	A3	B1	B2	B3	Non-T.B.	Not classified
M.	...	10	16	3	4	31	6	16	3
F.	...	14	6	2	—	28	15	9	2

Basis of classification of “A” group.

No sputum	....	....	....	....	3
Sputum negative on direct microscopy				....	5
Sputum negative on culture			....	....	16
Negative gastric lavage	....		....	....	27

Complications in T.B. Cases.

Wound infection (post thoracoplasty)			....	1
Haematuria with renal pain			....	1
Pregnancy	....	....	....	4

Complications in T.B. Cases—continued

Mental disease	....	....	....	3
Pleural effusion	....	....	....	3
T.B. empyema with broncho-pleural fistula	....			2
Colecystitis	....	....	....	1
Carcinoma of stomach	....	....	....	1
Anaemia	....	....	....	1
Cystococle	....	....	....	1
Sinusitis and pharyngitis		....	....	1
Peptic ulcer	....	....	....	2
Diabetes	....	....	....	4
Bronchiectasis	....	....	....	1
Atelectasis and bronchiectasis		....	....	1
Bronchogenic carcinoma		....	....	1
T.B. adenitis	....	....	....	1
Post-op. atelectasis	....	....	....	1
Reaction to P.A.S.	....	....	....	1
Emphysema, dyspnoea due to fibrosis			....	1
Dental cyst	....	....	....	1
Chronic myelogenous leukaemia	....		....	1
Empyaema	....	....	....	4
Bilateral purulent otitis media	....		....	2
T.B. laryngitis	....	....	....	12
Nephritis	....	....	....	1
Allergic rhinitis		....	....	1
Inguinal hernia		....	....	1
Psoas abscess	....	....	....	1
Pericardial and peritoneal effusion			....	1
Post-partum insanity	....	....	....	1
Intestinal perforation	....	....	....	1
Congenital heart disease		....	....	1

Treatment.**Artificial Pneumothorax—**

Cases treated	....	....	....	16
Number of inductions	....	....	....	6
Number of refills	....	....	....	471
Abandoned	....	....	....	4
Failed	....	....	....	—

Treatment.

Artificial Pneumoperitoneum—

Cases treated	....	....	....	28
Number of inductions	....	....	....	19
Number of refills	....	....	....	512
Abandoned	....	....	....	5
Failed	....	....	....	—

Aspirations of Empyema (27 cases)

Aspirations Pleural effusions (6 cases)—

Number of aspirations	960
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Lumbar punctures—

Number of cases	7
Number of treatments	162

Intra bronchial penicillin—

Number of cases treated	20
Number of treatments	646

Postural Retention

Number of cases	12
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Streptomycin and P.A.S. therapy—

Number of cases	265
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Investigations.

X-ray examinations	4,680
Fluoroscopy	1,488
Sputum examinations	3,217
B.S.R.	....	....	....	2,100
Mantoux Tests	....	....	....	168
Gastric lavages	....	....	....	312

Number of examinations of Ear, Nose and Throat 319

Number of Dental cases 374

Number of Eye examinations 16

NON-TUBERCULOUS CASES.

Age on admission.

		Under 15 yrs.	15/24 years	25/34 years	35/44 years	45/54 years	55/64 years	Over 65 yrs.
M.	...	6	9	7	13	12	10	1
F.	...	10	7	3	13	7	1	—

Length of time in hospital.

		0/7 days	7/30 days	1/2 mths.	2/3 mths.	3/4 mths.	4/5 mths.	5/6 mths.	6/7 mths.
M.	...	4	26	21	9	—	1	1	—
F.	...	4	12	12	6	4	1	2	2

Results on discharge.

		Apparently cured	Improved	I.S.Q.	Died
M.	...	6	25	27	4
F.	...	4	16	22	1

Classification of Non-T.B. Cases.

Encysted empyema	....	....	....	2
Bronchial Carcinoma	....	....	....	23
Chronic bronchitis and emphysema	....	....	....	2
Bronchitis	....	....	....	2
Pneumonia with bronchiectasis	....	....	....	1
Bronchiectasis	....	....	....	30
Pneumonia	....	....	....	3
Intra-thoracic goitre	....	....	....	2
Bronchial cyst	....	....	....	1
Ulceration cardiac end of stomach	....	....	....	1
Suppurative pneumonitis	....	....	....	1
Asthma	....	....	....	1
Achelasia of cardiac end of oesophagus	....	....	....	1
Lung abscess	....	....	....	3
Tumour left upper lobe	....	....	....	1
Pleural effusion	....	....	....	2
Pneumonitis (non-specific)	....	....	....	4
Neurofibroma	....	....	....	2
Tuberculous pericarditis with Picks Disease	....	....	....	1
Dermoid cyst	....	....	....	1
Mitral stenosis	....	....	....	2

Classification of Non-T.B. Cases—continued.

Syphilitic aortitis	....	....	....	1
Hypertension	....	....	....	1
Sarcoidosis	....	....	....	1
Pulmonary embolus	....	....	....	1
Congenital heart lesion	....	....	....	3
Empyema following Friedlander's pneumonia				1
Enlarged tonsils and adenoids	....	....		1
Pulmonary atelectasis and fibrosis			....	1
Lipoma	....	....	....	1
Cystic lung	....	....	....	1

Complications in Non-T.B. Cases.

Otitis media	....	....	....	1
Acute rheumatoid arthritis			....	1
Obstructive emphysema	....	....	....	1
Pleural effusion	....	....	....	2
Paralysis of left arm and forearm			....	1
Surgical scarlet fever	....	....	....	1
Prostatic hypertrophy	....	....	....	1
Carcinoma of rectum	....	....	....	1
Hypertension	....	....	....	1
Diabetes	....	....	....	1

OPERATIONS PERFORMED DURING YEAR.

Thoracoplasty	1st stage	....	....	53
„	2nd stage	....	....	57
„	3rd stage	....	....	40
Correctoplasty	....	....	....	3
Pneumoplasty	....	....	....	4
Paravertebral thoracoplasty		....	....	1
Decortication	....	....	....	2
Pneumonectomy		....	....	13
Lobectomy	....	....	....	17
Segmentectomy		....	....	2
Thoracotomy for removal of cyst (diaphragmatic hernia)		....	....	1
Thoracotomy for stripping of parietal pleura and re-suturing of bronchus		....	....	1
Bronchoscopies	....	....	....	121
Oesophagoscopy		....	....	1

—continued.

Drainage of empyema	....	....	....	1
Drainage of Semb space	....	....	....	2
Rib resection and drainage of empyema	....	....	....	1
Excision of sinus tracts	....	....	....	1
Re-suturing of wound	....	....	....	3
Heller's operation of oesophageal stricture	....	....	....	1
Thyroidectomy	....	....	....	1
Herniorraphy	....	....	....	1
Cardiac catheterisation	....	....	....	2
Blalock's operation	....	....	....	1
Ligature of patent ductus	....	....	....	1
Pericardectomy	....	....	....	1
Biopsy of sternum	....	....	....	1
Biopsy of liver	....	....	....	1
Biopsy of lung	....	....	....	1
Phrenic crush	....	....	....	12
Excision of cervical glands	....	....	....	1
Adhesion section	....	....	....	5
Intercostal intubation for spontaneous pneumothorax	....	....	....	1

43 male thoracoplasty cases were discharged.

24 were negative on gastric lavage.

9 were negative on culture.

5 were negative on direct examination when transferred to St. Mary's Chest Hospital.

5 remained unconverted.

40 female thoracoplasty cases were discharged.

27 were negative on gastric lavage.

5 were negative on culture.

5 were negative on direct examination when transferred to St. Mary's Chest Hospital.

3 remained unconverted.

Of the 8 unconverted cases, three were cases where improvement rather than complete conversion was aimed at ; one has since become negative ; two were transferred to St. Mary's Chest Hospital and may now be negative.

Crooksling Sanatorium.

The number of patients treated during the year was 541. Of these, 323 were discharged, leaving 218 in residence at the close of the year. Of the 323 patients discharged 104 were quiescent, i.e. they showed no clinical, bacteriological, or radiological evidence of active disease at the time they returned to their homes.

From the point of view of treatment the stress was on bed rest and chemotherapy in the first instance. If these measures were insufficient then, and only then, were other procedures adopted. In only a few instances was streptomycin used alone. In nearly every case it was used in combination with P.A.S. On the other hand P.A.S. was used alone in a greater number of cases than it was in combination with streptomycin. The reason for this was that it was considered desirable in many instances to hold streptomycin in reserve, particularly in those cases which might require operative treatment at a later date.

It was decided to give the thiosemicarbazones a further trial and in the last six weeks of the year the use of Conteben (T.B. 1) was commenced in several cases. In the earlier trial Conteben had been used in cases which were considered unsuitable for streptomycin or P.A.S., or in cases which had failed to show improvement with the latter drugs. The results had not been very encouraging. In the new trial Conteben was given to patients who in the ordinary course of events would have been given streptomycin and P.A.S. In the short period to the end of the year it was not possible to form any opinion, but treatment is being continued into 1952.

The year showed a big increase in the number of cases selected for major thoracic surgery. The numbers

were almost double those for 1950. Patients for this treatment, forty-three (43), were transferred in the main to Rialto Hospital but a few were transferred to St. Mary's Chest Hospital.

Structural work was carried out in and around the Kitchen. An extension to the present building has provided enlarged scullery space, new food stores, an enlarged vegetable store and a new enlarged vegetable preparation room. The ceiling of the Kitchen has been raised. A fish-fryer and electric mixer and mincer has been added to the equipment. The much-needed additions and improvements to the quarters of the Medical and Nursing and Domestic Staffs have not yet been provided, but work has been started on a new and enlarged Dental Room as an addition to the Treatment Unit.

Admissions and Discharges.

No. of Patients remaining 31st Dec., 1950	Admitted	Discharged home	Transferred	Died	No. of Patients remaining 31st Dec., 1950
226	315	248	63	12	218

Admissions according to Age and Sex.

—	15-24	25-34	35-44	45-54	55-64	65-	Total
Males ...	48	48	39	28	13	1	177
Females...	80	33	17	6	2	0	138
TOTAL	128	81	56	34	15	1	315

Of the males 54.23% were under 35 years of age and 27.11% under 25 years. Of the females 81.88% were under 35 years and 57.97% under 25 years.

Classification of Admissions.

—			Males	Females	Total
A 1	...	...	7	18	25
A 2	...	...	22	28	50
A 3	...	...	2	1	3
B 1	...	...	7	5	12
B 2	...	...	130	74	204
B 3	...	...	7	9	16
Observation	...		2	3	5
TOTAL			177	138	315

The extent of disease of the above patients as seen on the first X-ray examination is given below, and is defined as follows :—

MINIMAL.—Slight lesions without demonstrable excavation confined to a small part of one or both lungs. The total extent of the lesions, regardless of distribution, shall not exceed the equivalent of the volume of lung tissue which lies above the second chondro-sternal junction and the spine of the fourth or body of the fifth thoracic vertebra on one side.

MODERATE.—One or both lungs may be involved, but the total extent of the lesions shall not exceed the following limits :—

- (a) Slight disseminated lesions which may extend through not more than the volume of one lung, or the equivalent of this in both lungs ;
- (b) Dense and confluent lesions which may extend through not more than the equivalent of one-third the volume of one lung;

(c) Any gradation within the above limits.
Total diameter of cavities, if present, estimated not to exceed 4 cms.

ADVANCED.—Lesions more extensive than Moderate.

In accordance with the above definitions the extent of the lesions of the patients admitted was as follows :—

—			Males	Female	Total
A	{ Minimal	...	7	19	26
	{ Moderate	...	23	24	47
	{ Advanced	...	1	4	5
B	{ Minimal	...	7	5	12
	{ Moderate	...	85	42	127
	{ Advanced	...	52	41	93
Observation			2	3	5
TOTAL			177	138	315

Cavitation was present in 144 of the cases.

Classification of Discharges.

—		Quiescent	Improved	No Material Improvement	Worse	Died	Total
A 1	...	19	0	3	0	0	22
A 2	...	15	2	11	0	0	28
A 3	...	0	0	0	0	2	2
B 1	...	12	3	5	0	0	20
B 2	...	58	119	47	4	0	228
B 3	...	0	2	1	7	10	20
Non-T.B.		0	0	3	0	0	3
TOTAL		104	126	70	11	12	323

A patient was considered quiescent when there was no clinical or radiological evidence of active disease and when the sputum had been negative on direct examination for at least three successive months and

preferably also with a negative culture. Of the 104 patients discharged “ quiescent ” 98 were negative on culture.

The following table shows the results of treatment in the 323 patients discharged in relation to the extent of disease at the time they were admitted :—

On Admission	Quiescent	Improved	No Material Improvement	Worse	Died	Total
Minimal ...	32	4	8	0	0	44
Moderate ...	65	89	39	3	0	196
Advanced	7	39	20	8	12	80
Non-T.B. ...	0	0	3	0	0	3
Total ...	104	126	70	11	12	323

Reasons for Discharge.

Recommended discharged	....	....	155
Transferred to other Hospitals	....	....	63
Dismissed	....	....	12
Left of own accord	....	....	81
Died	....	....	12
TOTAL	....	....	323

Length of stay related to result of Treatment.

—	Quiescent	Improved	No Material Improvement	Worse	Died	Total
Over 12 months	38	49	3	2	2	94
9-12 months	10	19	7	2	0	38
6-9 months	28	30	4	4	1	67
3-6 months	24	23	14	2	3	66
2-3 months	2	2	9	0	0	13
1-2 months	2	3	17	0	3	25
7-30 days	0	0	10	1	2	13
0-7 days	0	0	6	0	1	7
TOTAL ...	104	126	70	11	12	323

Sputum on Admission and on Discharge.

Admission.		Discharge.	
Positive.		Positive	.... 91
Negative.		Positive	.... 8
Negative	{ Intermediate } Positive	Negative	.... 24
Negative.		Negative	.... 66
Positive.		Negative	.... 108
Nil.		Nil.	.... 26
			<hr/> 323 <hr/>

Of the 104 patients discharged “ Quiescent ”, the sputum was negative on culture in 98. Of the 108 patients who showed sputum conversion the sputum was negative on culture in 59 and negative on direct examination in 49.

Gain and Loss of Weight.

Excluding from the 323 patients discharged those who remained for less than one month and those who were kept on “ absolute ” bed rest, there remain 286 for examination.

Gained weight	....	.... 259
Lost weight	....	.... 20
Weight unchanged	....	.... 7
Greatest gain	....	.... 52 lbs.
Greatest loss	....	.... 19 lbs.

Family History.

The figures given under this heading refer to the total number of patients treated, viz : 541.

Family History	Negative	351	64.88%
„ „	Positive	157	29.02%
„ „	Indefinite	33	6.10%
		<hr/> 541 <hr/>	<hr/> 100.00% <hr/>

“ Indefinite ” histories are those in which a member of the family has died from an unknown cause, or is suffering from, or has died from, a disease that might possibly be of a tuberculous nature although described otherwise by the patient.

Initial Symptom.

Again the figures refer to the 541 patients who received treatment.

Cough	....	....	254
Haemoptysis	....	....	35
Anorexia	....	....	4
Dyspnoea	....	....	4
Chest pain	....	....	121
Lassitude	....	....	78
Wasting	....	....	11
No Symptoms	....	....	34
			<hr/> 541 <hr/>

Type of Case Treated.

Extent	UNILATERAL		BILATERAL		Total
	Male	Female	Male	Female	
Minimal ...	18	36	3	8	65
Moderate ...	53	56	131	74	314
Advanced ...	11	7	80	58	156
Non-T.B. ...	—	—	—	—	3
Observation ...	—	—	—	—	3
					<hr/> 541 <hr/>

Cavitation was obvious in 244 cases.

Complications and other Diseases.

T.B. Adenitis (Cervical)	....	....	1
T.B. Empyema	....	....	8
T.B. Epididymo-Orchitis	....	....	1
T.B. Kidney	....	....	1

Complications and other Diseases—continued.

T.B. Knee ....	....	....	1
T.B. Laryngitis ....	....	....	14
T.B. Meningitis ....	....	....	2
T.B. Pleurisy ....	....	....	14
Anaemia (secondary) ....	....	....	1
Atrophic Rhinitis ....	....	....	1
Bell's Palsy ....	....	....	1
Boech's Sarcoidosis ....	....	....	2
Bronchiectasis ....	....	....	2
Carcinoma of Oesophagus ....	....	....	1
Carcinoma of Palate ....	....	....	1
Chronic Bronchitis ....	....	....	2
Diabetes Mellitus ....	....	....	1
Epilepsy ....	....	....	1
Hypertension ....	....	....	1
Laryngitis (simple) ....	....	....	10
Mental Disease ....	....	....	2
Neurasthenia ....	....	....	1
Peptic Ulcer ....	....	....	1
Pulmonary Neoplasm ....	....	....	1
Sinusitis ....	....	....	2

TREATMENT.**1. Artificial Pneumthorax.**

No. of Patients treated ....	....	37
No. of Inductions ....	....	19
No. of Attempts ....	....	6
No. of Refills ....	....	794
No. of Aspirations ....	....	117

2. Pneumoperitoneum.

No. of Patients treated ....	....	5
No. of Inductions ....	....	4
No. of Refills ....	....	149

3. Surgery.

Adhesion Section	....	....	....	17
Thoracoscopy	....	....	....	2
Phrenic Crush	....	....	....	6
Thoracoplasty	....	....	....	27
Resection	....	....	....	7
Pneumoplasty	....	....	....	2

4. Chemotherapy.

Streptomycin and P.A.S. were used either separately or in combination. Streptomycin was used alone in only 5 cases but in combination with P.A.S. was used in 92 cases. P.A.S. was used alone in 106 cases. The results were as follows :—

—	Quiescent	Improved	No Material Improve- ment	Worse	Died	Total
Minimal ...	11	4	3	0	0	18
Moderate ...	44	71	8	3	0	126
Advanced	7	28	11	6	7	59
TOTAL ...	62	103	22	9	7	203

—	Quiescent	Improved	No Material Improve- ment	Worse	Died	Total
Streptomycin	1	1	2	0	1	5
P.A.S. ...	34	51	17	2	2	106
Streptomycin and P.A.S.	27	51	3	7	4	92
TOTAL ...	62	103	22	9	7	203

In general it may be said that the use of the drugs in combination was applied to the more acute type of lesion and the use of P.A.S. alone to the lesion not

so acute. The following tables show the extent of disease and result of treatment in respect of the drugs used separately and in combination :—

Streptomycin.

—	Quiescent	Improved	No Material Improve- ment	Worse	Died	Total
Minimal ...	1	0	0	0	0	1
Moderate ...	0	0	1	0	0	1
Advanced ...	0	1	1	0	1	3
TOTAL ...	1	1	2	0	1	5

P.A.S.

—	Quiescent	Improved	No Material Improve- ment	Worse	Died	Total
Minimal ...	9	4	2	0	0	15
Moderate ...	22	38	6	0	0	66
Advanced ...	3	9	9	2	2	25
TOTAL ...	34	51	17	2	2	106

Streptomycin and P.A.S.

—	Quiescent	Improved	No Material Improve- ment	Worse	Died	Total
Minimal ...	1	0	1	0	0	2
Moderate ...	22	33	1	3	0	59
Advanced ...	4	18	1	4	4	31
TOTAL ...	27	51	3	7	4	92

The following table shows the condition of the sputum on admission and discharge in relation to the various forms of chemotherapy applied :—

Adm.	Dis.	Streptomycin	P.A.S.	P.A.S. and Streptomycin	Total
Pos. — Pos. ...		2	29	31	62
Neg. — Pos. ...		0	3	0	3
Neg.—Pos.—Neg. ...		0	9	8	17
Neg. — Neg. ...		2	14	6	22
Pos. — Neg. ...		0	49	46	95
Nil — Nil ...		1	2	1	4
TOTAL ...		5	106	92	203

Of the 95 patients showing sputum conversion from positive to negative, 54 became negative on culture, and of the 17 patients with an intermediate positive sputum 7 became negative on culture.

Occupational Therapy.

The following is a report submitted by Mr. E. C. Fanning, Occupational Therapist :—

PRESCRIPTION CARDS.

“ The most notable improvement effected in the Department during the year 1951 was the introduction of an Occupational Therapy Prescription Card for each patient attending the Department. The cards are designed to insure that Occupational Treatment is carried out in the most beneficial manner for each patient, that the type of occupation in which the patient is engaged is suited to his condition, and that the duration of each work period is controlled to avoid strain and fatigue. They also serve to insure that each patient is occupied regularly and constantly. Since these cards were introduced they have proved an unqualified success. The patients now understand that Occupational Treatment is being deliberately designed

for them, and understanding this are prepared to co-operate to a much greater extent than previously. In addition to this, they provide the Therapist with a much more solid foundation for the instruction and advice which he has to give to the patient.

The number of male patients occupied in the Department has increased considerably, while a corresponding decrease in the number of female patients attending has been shown during the past year. This change has been brought about by the introduction of several new crafts i.e. Woodwork, Art Jewellery and Printing, designed to capture the interest of the male up-patients who prior to their introduction had shown very little interest in Occupational Therapy in any form. The decrease in female patients attending is due to two factors; (a) that the type of work done by the male patients makes the Department unsuitable for the crafts in which the majority of women are interested. The department is too small to accommodate both sections together, or on alternate days. (b) The female patients' interest is usually held with Weaving, Knitting, Embroidery and Tapestry, and the materials necessary for these crafts are difficult to obtain due to the increased cost of wool and woollen-products. Consequently, it has been found almost impossible to maintain these crafts, and suitable substitutes for them are difficult to discover. So far no satisfactory solution to either of these problems has been found.

SUPPLY OF MATERIAL.

Owing to the increasing difficulties in recovering the cost of materials used, it has been considered advisable to change the method of purchasing. Patients are now required to purchase their own materials, or to give the orders and cash for same to the Occupational Therapist, who then procures materials for them. During the last two months at least £26 6s. 1½d. worth of materials have been purchased in addition to the amount purchased directly by the patients. The majority of the patients have now procured the tools required for the crafts which they undertake. This

system has at least the advantage that the possibility of loss in stocks is eliminated, and since the majority of patients seem to co-operate with it, it has so far proved satisfactory. But it has two very distinct disadvantages :—

(a) Patients who cannot afford materials are prevented from undertaking Occupational Therapy, if they feel in need of it ; (b) the difficulties of arousing the patients' interests, which is the chief business of the department, have been considerably increased. In view of these drawbacks the former system of supplying materials and recovering the cost after the sale of the completed article is still applicable where individual patients cannot afford the initial expense.

EXHIBITION.

Our Exhibition and Sale of Work in April was very much better than expected. The patients showed considerable interest, and submitted work which was greatly admired by the 350 persons who visited the Exhibition. Plans are already made to hold a similar Exhibition in Summer next year.

PATIENTS' MAGAZINE.

The publishing of the Patients' Magazine is again under consideration. It is proposed to include the publishing of this book in the normal work of the Department, and to print it on the "Adana" Printing Press. The fact that the Magazine will be under the control of the department, will eliminate the difficulties of opinion and the faulty organisation which caused the failure of the previous effort. Continuity in printing staffs should be easily obtained as soon as the first few issues of the Magazine are published.

DEBATES.

In response to a number of requests we are now holding a series of debates, one each week in the department. It is yet too early to say whether this form of activity will be a valuable substitute for craft work.

DEPARTMENT.

The building in which the Department is housed constitutes one of the greatest stumbling blocks to the development of Occupational Therapy in the hospital. As I have pointed out before, the limited space available renders the department unsuitable for both male and female patients, with the result that either all male patients or all female patients attend. The only real solution to this problem is to construct a separate room for each group.

The construction of the department also places obstacles in the path of developing it into a suitable workshop for male patients, since its fragile construction prevents the introduction of new machines, especially of the woodworking variety."

X-Ray Department.

The work of this department is carried out by Miss Kathryn Norton, M.S.R. During the year a tomographic attachment was made for the X-ray plant. Tomographic examinations have hitherto been carried out for us at the Mass Radiography Centre and we are very grateful for the assistance rendered to us.

No. of X-Ray Examinations	....	2,128
No. of Tomographic Examinations	....	122
No. of Fluoroscopic Examinations	....	3,194

Laryngological Department.

No. of Examinations	....	643
No. of Bronchoscopies	....	14

Laboratory.

Sputum—Direct microscopy	....	2,630
Sputum—Cultures	....	161
Laryngeal Swab cultures	....	101

C.S.F. cultures	....	....	6
Pleural Fluid—direct microscopy	....		23
Pleural fluid—cultures	....	....	9
Pus—Direct microscopy	....	....	9
Blood Sedimentation Rate		....	2,642
Blood Counts	....	....	52
Haemoglobin Estimations....		....	54
Bleeding and Clotting Time		....	1
Urine—Direct microscopy		....	37
Urine—cultures	....	....	3
Faeces	....	....	3
Throat swabs	....	....	3
Abdominal fluid—direct microscopy			1
Water—Bacteriological Examinations			2

Recreation.

Outdoor recreation is provided for the male patients by a 9-hole miniature Golf Course and for the female by a croquet lawn. Indoors there are two full-sized billiard tables for the male patients. Entertainments take the form of weekly cinema performances and fortnightly concerts by visiting companies. The visits of these concert parties have been very much appreciated by the patients and we are greatly indebted to the artistes for coming here. In addition there are weekly whist drives in the summer months.

Our Library has been kept well stocked by the Hospitals' Library Council to whom we are extremely grateful.

Staff.

Dr. John Humphreys, Temporary Assistant Medical Officer, left on 1st July to take up a more senior appointment. Dr. Henry Hitchcock replaced him. He in turn left on 1st November, and was replaced by

Dr. P. J. Murray who was transferred here in a temporary capacity from St. Mary's Chest Hospital.

The House Physicians during the year were Dr. M. J. Reilly (left 30th June), Dr. Alice Corboy (1st January to 31st December), and Dr. J. F. O'Connell (commenced 1st July).

In conclusion I wish to thank the medical, nursing, clerical, and technical staffs for all their help and co-operation during the year.

ARTHUR J. WALSH,
Resident Medical Superintendent.

Tuberculosis Clinic,
Charles Street, West.

During the year, six thousand, seven hundred and one new cases were examined for the first time. Of these, two thousand, two hundred and forty-three were contacts and seven hundred and forty-three were school children who were referred by the School Medical Department. All children attending were tuberculin tested. Re-actors were x-rayed and non-reactors recommended B.C.G. Vaccination and referred to the B.C.G. Section.

The follow up of contacts was ardently pursued and the results have been very encouraging, as is shown by the large increase in the numbers attending for examination i.e. 1951—2,243, 1950—1,529. This increase is also indicative of an increasing appreciation of the diagnosis and treatment facilities available, by patients' families. The X-ray facilities for adults here at Charles Street are proving a very great help in the treatment of patients and there was a large increase in the number of films taken. During the year, it was found necessary, owing to the large number of children being x-rayed at Temple Street Hospital, and in view of the long journey involved for patients (children) living on the south side of the city, to make arrangements to have patients (children) from the south side of the city to be x-rayed at St. Ultan's Hospital. The large number of films taken in each hospital, as shown in the return, is indicative of the extent to which these services are availed of. Sincere thanks is due to the authorities of the Hospitals for the facilities provided

The work of the Primary Clinic and B.C.G. Section has continued to expand and it will soon be necessary to make provision for additional sessions in each section. It is most heartening to see this important field of preventive work so firmly established.

The Dental service was availed of to a greater degree and the arrangements for the provision and

repair of dentures continues to be of great benefit to the patients.

The Specialist services provided by Mr. O'Connell, Ear, Nose and Throat Surgeon and Mr. D. P. Murray, Orthopaedic Surgeon, continue to play an important part in the treatment of patients.

G. P. SHEEHAN,
Chief Tuberculosis Officer.

Primary Tuberculosis Clinic.

The work of the Primary Clinic continues to increase, and towards the end of the year the Clinic was transferred to temporary premises at 6, Clarendon Row, which relieved the congestion in the Child Welfare Department, Lord Edward Street.

It is a pleasure to report that the City childhood tuberculosis deaths have again decreased in 1951. In 1947 the total number of City childhood deaths from tuberculosis was 138. This figure has decreased annually, and at the end of 1951 the weekly returns from the Registrar General showed that the figure had been reduced to 36—this is the lowest number of deaths on record.

This remarkable reduction of 74% in the City childhood tuberculosis mortality since 1947 gives us hope that with increased preventive measures it may be possible to eradicate childhood tuberculosis deaths from the City's annual death toll.

We dare not be too optimistic in spite of the hope engendered by these results. The results of the high incidence of infection may not yet be overcome and may still result in childhood tertiary tuberculosis. If we are ever to eradicate the death-rate from a preventable disease as it has been eradicated in some other countries we cannot accept our present reduction with complacency.

There were 27 City childhood deaths from Tuberculous Meningitis in 1951—a reverse of the digits (72) in 1947, but the occurrence of even 27 deaths from a preventable and terrible disease is still a serious concern.

Since B.C.G. Vaccinations were introduced in the Corporation Tuberculosis Service in October, 1948, no vaccinated child has developed tuberculous meningitis or miliary tuberculosis, although many of the children live in homes overshadowed by the disease. These findings confirm the reports from Copenhagen and stimulate us to endeavour to protect City children by B.C.G. Vaccination.

Whooping cough is one of the childhood diseases which may cause complications damaging the respiratory system and so expose children to greater risk of tuberculosis. With the extended use of every prophylactic measure and antibiotic therapy of this disease, we have reasonable hope of lesser childhood tuberculosis as an aftermath of whooping cough.

The provision of additional beds for tuberculous adults will ensure greater safety to children living in infectious homes. A long waiting list for adults is a threat to childhood security from the disease.

That the problem of prevention is still urgent is shown by the number of consultations at the Primary Clinic throughout the year, which was 6,784. The number of new cases referred to the Clinic was 1,086. The Primary Clinic sessions are still overcrowded and with the present staffing it is only possible to hold six sessions weekly, but additional sessions are at present under consideration.

Although primary tuberculosis may run a mild course in the majority of children, it must be realised that tuberculosis is the greatest single cause of childhood deaths between the ages of 1 and 15 years. Dublin's childhood tuberculosis mortality of 1951 compares favourably with the corresponding figures of English cities of approximately similar population.

It is my pleasant duty to mention the enthusiastic interest shown by the staff in this field of prevention.

We are indebted to the staffs of the various City Hospitals for much helpful co-operation.

Number of Domiciliary visits paid by Medical Officers during the year	....	1,230
Number of dwellings notified for Disinfection	....	1,747
Number of X-rays done during the year—		
Charles Street	....	7,263
Temple St. and St. Ultan's	....	3,759
Number of sputa examined	....	2,060
Number of sputa positive	....	704
Number of deaths from T.B. during the year	....	378
Number of A.P. and P.P. Refills given during the year	....	5,100

The Oto-Laryngologist, Mr. O'Connell held 51 sessions and had 447 attendances.

Our Orthopaedic Surgeon, Mr. D. P. Murray held 24 sessions and had 201 attendances.

The Dental Service—The Dentist held 52 sessions and had 751 attendances.

TABLE 1.—SHOWING THE NUMBER OF CONTACTS EXAMINED DURING THE YEAR 1951.

Month	Charles St. Clinic	Nicholas St. Clinic	Total
January ...	46	84	130
February ...	91	99	190
March ...	95	91	186
April ...	95	165	260
May ...	88	138	226
June ...	109	137	246
July ...	92	99	191
August ...	66	86	152
September ...	99	87	186
October ...	95	93	188
November ...	108	70	178
December ...	54	56	110
TOTAL ...	1,038	1,205	2,243

TABLE 2.—SHOWING ATTENDANCES AT THE CLINIC DURING EACH MONTH OF THE YEAR 1951.

Month		Charles St. Clinic	Nicholas St. Clinic	Primary Clinic	Total
January	...	2,141	1,801	626	4,568
February	...	2,180	1,892	458	4,530
March	...	2,144	1,693	489	4,326
April	...	2,330	2,100	597	5,027
May	...	2,183	2,238	583	5,004
June	...	2,147	1,819	662	4,628
July	...	2,159	1,614	517	4,290
August	...	2,060	1,884	532	4,476
September	...	2,052	1,712	628	4,392
October	...	2,306	2,227	656	5,189
November	...	2,395	1,991	660	5,046
December	...	1,839	1,246	400	3,485
TOTAL	...	25,936	22,217	6,808	54,961

TABLE 3.—SHOWING THE NUMBER OF SCHOOL CHILDREN REFERRED FROM THE SCHOOL MEDICAL DEPT. WHO WERE EXAMINED AT THE CLINICS DURING THE YEAR 1951.

Month			Charles St. Clinic	Nicholas St. Clinic	Total
January	...	...	65	33	98
February	...	...	67	40	107
March	...	...	22	23	45
April	...	...	62	53	115
May	...	...	12	58	70
June	...	...	5	34	39
July	...	...	16	18	34
August	...	...	28	29	57
September	...	...	45	34	79
October	...	...	10	6	16
November	...	...	42	34	76
December	...	...	2	5	7
TOTAL	...	...	376	367	743

TABLE 4.—SHOWING NEW CASES FOR EACH MONTH OF THE YEAR, 1951
EXCLUSIVE OF SCHOOL CHILDREN AND CONTACTS.

Month	Charles St. Clinic	Nicholas St. Clinic	Primary Clinic	Total
January ...	86	104	91	281
February ...	105	125	84	314
March ...	111	121	82	314
April ...	137	135	88	360
May ...	106	150	118	374
June ...	103	145	126	374
July ...	135	110	78	323
August ...	91	100	94	285
September ...	101	80	102	283
October ...	138	106	82	326
November ...	135	88	103	326
December ...	68	49	38	155
TOTAL ...	1,316	1,313	1,086	3,715

TABLE 5.—CLASSIFICATION OF PATIENTS DIAGNOSED DURING 1951.

Month	Pulmonary Cases	Sputum Positive	Sputum Negative	Non- Pulmonary Cases
January ...	49	29	20	12
February ...	74	36	38	18
March ...	64	43	21	21
April ...	70	39	31	13
May ...	90	45	45	18
June ...	81	52	29	21
July ...	74	37	37	19
August ...	62	41	21	13
September ...	55	33	22	16
October ...	53	33	20	15
November ...	67	45	22	11
December ...	36	25	11	8
TOTAL ...	775	458	317	185

B.C.G. SCHEME.

The B.C.G. Vaccination Scheme which was inaugurated in October, 1948, has shown steady progress. The number of B.C.G. vaccinations to the end of December, 1951, was 7,102. The number of pre-vaccinal tests was 15,942; and the number of post-vaccinal tests was 6,818. Each B.C.G. vaccination carried out entails a number of visits to the Clinic, and the total number of attendances for the year 1951 was 17,798.

In 1951 the Scheme was extended to special age groups.

We have been seriously concerned with the number of childhood tuberculosis deaths in the City—particularly the high incidence of tuberculous meningitis in children under five years of age. The Registrar General's weekly returns of the City childhood tuberculosis deaths has given us much encouragement during 1951, as they show a remarkable reduction in the number of these deaths. Table I shows the magnitude of our City problem, and the figures for the last few years indicate the downward trend.

TABLE I.
DEATHS FROM TUBERCULOSIS.
0-15 AGE GROUP.

	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951
Pul. Tuberculosis	22	41	40	24	27	15	27	17	11	6	4
T.B. Meningitis ...	50	59	63	64	72	62	81	42	32	36	27
Other Forms of Tuberculosis	23	21	27	31	24	26	30	18	7	4	5
TOTALS	95	121	130	119	123	103	138	77	50	46	36

It will be noticed that in 1945 there were 72 deaths from tuberculous meningitis in children under 15 years of age, and in 1951 the digits of the number of deaths were reversed from 72 in 1945 to 27 in 1951. The greatest number of childhood deaths from tuberculosis occur in children under five years of age, and for this reason, we are anxious to protect the younger children from the disease.

Children who may be exposed to home contact with infectious cases have received special attention for B.C.G. Vaccination. The number of contacts from tuberculous homes who have received vaccination in 1951 is given in Table II :

TABLE II.
CONTACTS.

Under 1	1—3	3—5	5—15	15—20	Over 20	Total
221	135	146	411	11	1	925

The degree of infection to which these contacts were exposed can be assessed from Table III :

TABLE III.
CLASSIFICATION OF INDEX CASES.

T.B. Minus	T.B. +Gr. I.	T.B. +Gr. II.	T.B. +Gr. III.	Non-Pul.	Primary
336	49	148	42	125	225

The source of infection is often the tuberculous relative as shown in Table IV :

TABLE IV.
RELATIONSHIP OF INFECTIOUS CASES TO CONTACTS.

Tuberculous Father	Tuberculous Mother	Tuberculous Relative	Total
208	205	512	925

For some years past, mass radiography for the detection of unsuspected tuberculosis has been available

for expectant mothers attending our three City maternity hospitals. The mother who is found to be suffering from tuberculosis is referred to the B.C.G. Clinic, where she is advised to have her new-born child vaccinated. Arrangements are made for the isolation of the infant for the post-vaccinal period which is usually 6-8 weeks. After this interval, the child is given a tuberculin test and if this is satisfactory the child will have developed his protective immunity and is discharged home. We have been greatly facilitated in this work by the provision of cots in the paediatric units of the Rotunda and Coombe maternity hospitals, and in the isolation unit of St. Ultan's Hospital. Sixteen children were isolated in the Rotunda Hospital; ten in the Coombe and twenty-four in St. Ultan's Hospital.

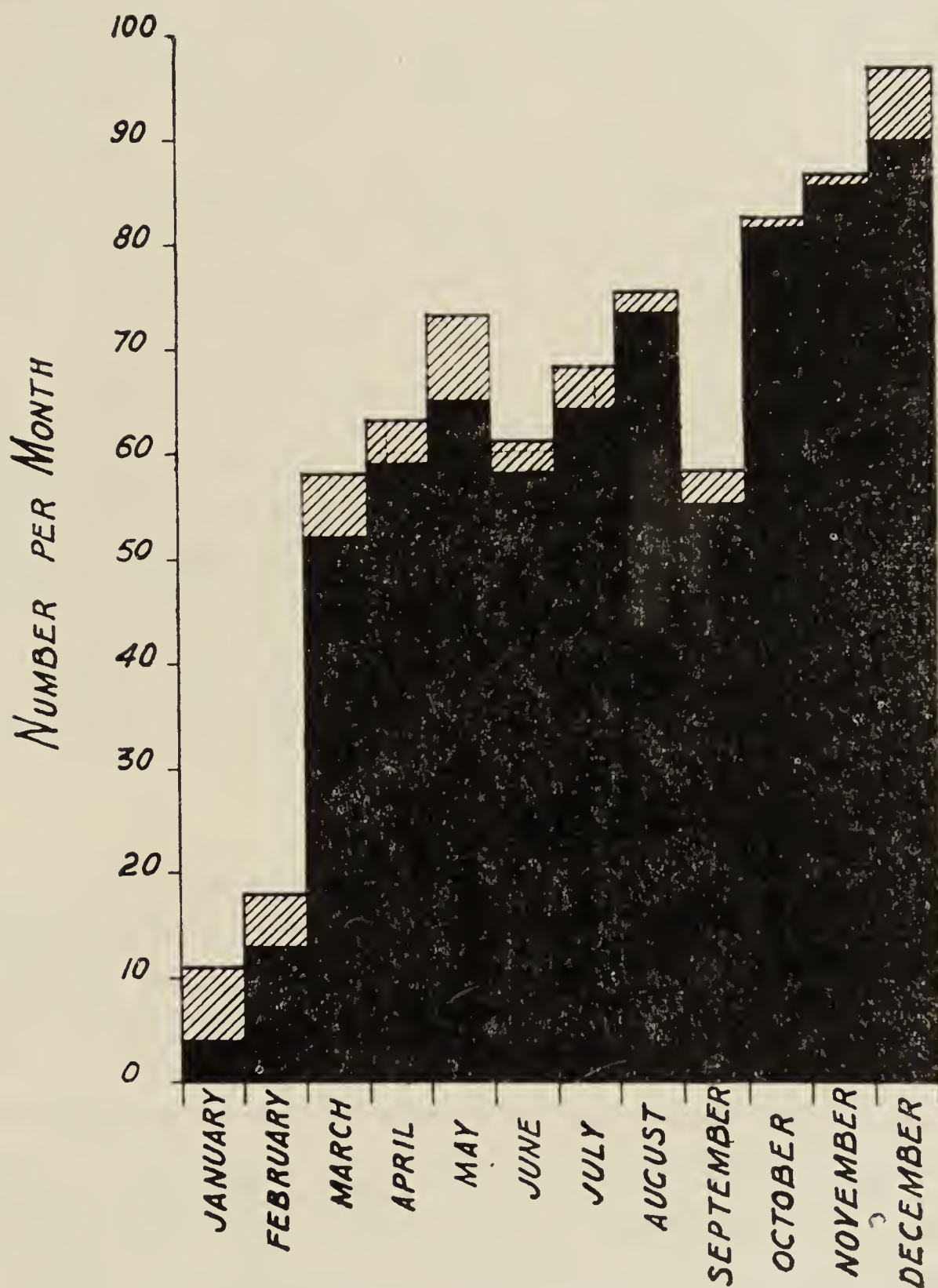
It is impossible to eliminate completely the chance of tuberculous infection in the home; even if the mother is healthy, there may be other possible sources of infection in the home. For this reason, we decided to offer B.C.G. Vaccination, to be given in the first week of life, to all infants born in the Rotunda and Coombe maternity hospitals; and each week shows an increase in the number availing of this protective measure.

The graph on opposite page illustrates the growth of the numbers vaccinated each month throughout 1951 at the Rotunda Maternity Hospital.

B.C.C. VACCINATIONS

AT

ROTUNDA HOSPITAL-1951



MASS VACCINATIONS = ■ = 698

CONTACTS VACCINATED = ▨ = 51

Post-vaccinal tests for those infants vaccinated at the Maternity Hospitals are arranged at the B.C.G. Clinic, 22 West Essex Street. These tests are carried out eight weeks from the date of vaccination if there is no case of tuberculosis in the home. Each mother is given a certificate when the vaccination is completed, and she is advised to keep this record.

The object we have set out to achieve by this early B.C.G. Vaccination is to reduce the incidence of tuberculous meningitis and miliary tuberculosis in children. Since the commencement of the B.C.G. Scheme in the Corporation Service, it is pleasing to note that no case of tuberculous meningitis or miliary tuberculosis has occurred in any vaccinated child, although many live in home contact—so, B.C.G. Vaccination has helped to protect these children.

In addition to the vaccination of contacts and infants, the main objective of our B.C.G. Scheme is to vaccinate those persons who are in daily danger of tuberculous infection, e.g., pre-school and school-entrants and leavers; nurses and medical students; students in residential colleges and young factory workers. We have combined tuberculin testing with mass radiography in certain groups, and carried out vaccination on those who were found suitable.

TABLE V.

SPECIAL GROUP VACCINATIONS.

Under 1	1—3	3—5	5—15	15—20	Over 20	Total
801	314	321	1,417	186	171	3,210

Towards the end of the year, tuberculin surveys were commenced in some of the larger City factories so as to offer this protection to the young adult population. We have given special attention to the age-group 15–30 as the incidence of tuberculosis at this period of life is unduly high. Arrangements are made through the medical officer attached to each factory

and we give propaganda talks in the factories to the workers. The response has been satisfactory. This group entails a considerable amount of tuberculin testing, and it revealed that for the work entailed, few candidates were suitable for B.C.G. Vaccination as 70% to 80% had already undergone their primary infection with tuberculosis, and, therefore, were unsuitable for B.C.G. Vaccination. However, with the combination of mass-radiography and tuberculin testing, valuable prophylactic work against tuberculosis has been done in this field.

In this section of the work, Miss C. Daly, who had studied B.C.G. Vaccination of factory groups in Denmark, gave valuable assistance due to the experience she had gained in her study tour last year.

It is hoped that when the promised additional staff take up duty that we will increase the B.C.G. Vaccinations of school children—a beginning has been made in this work and both the Child Welfare and School Medical Departments have readily co-operated.

Tuberculin tests are carried out annually to ensure that the vaccinated person retains his degree of protective immunity.

In conjunction with annual tuberculin testing, those who were vaccinated during 1950 have been given appointments at the Mass Radiography Centre where sessions are held monthly, and, to date, B.C.G. vaccination has fulfilled its promise of protection.

The number of annual tests to the end of 1951 was 1,719 and the number of persons referred for mass radiography was 887.

Since the commencement of the Scheme cases of illness occurring in vaccinated children have been thoroughly investigated, lest it might be assumed that any such illness arose from B.C.G. Vaccination. We have not had any illness due to vaccination.

We receive the vaccine each week from Denmark, the homeland of Hans Andersen, but it is not a fairy wand which will prevent all childhood illness and its power is strictly limited to the prophylaxis of tuberculosis.

We are grateful for the unstinted co-operation we have received from the medical staffs of the various City hospitals and Corporation Departments. It is a pleasure to acknowledge the help received from Dr. Meagher, Assistant Medical Officer and the Nursing and Clerical Staff.

During the year we have had visits from Medical Officers of other Countries who wished to study B.C.G. Administration. These doctors showed keen interest as they had the unique opportunity of seeing a large-scale B.C.G. Scheme administered under a Local Authority as part of the Anti-Tuberculosis Public Health Service.

B. M. DUNLEVY,
Assistant City Medical Officer.

Mass Radiography Centre.

The Corporation Mass Radiography Centre was in operation throughout the year. The chief groups examined were as follows :—

General Public and Miscellaneous Small Groups	....	....	....	....	9,528
Examinees Referred by Maternity Hospitals and Child Welfare Clinics	....	....	....	....	2,323
Personnel of Industrial Concerns	....	....	....	....	1,210
Personnel of Insurance Companies	....	....	....	....	210
University Students, etc.	....	....	....	....	594
Religious, including clerical students	....	....	....	....	522
Civil Servants	....	....	....	....	71

The Maternity and Child Welfare Centres continue to maintain a steady flow of examinees on the days allotted to them each month.

The response from Industrial Concerns is still far from satisfactory and, as stated in previous reports a mobile unit is really the only solution to this problem. With the initiation of the National Mass Radiography Association, however, and the concentration of one of their Units in the City Area this difficulty should easily be surmounted in the coming year.

The weekly afternoon and monthly night sessions for the general public were very well attended, and it is this group which gives the highest yield of Active Cases of Pulmonary Tuberculosis.

The total numbers examined were :—

Total No. of Miniature Films—Men	....	6,751
Women	....	7,707
Total	....	14,458
<hr/>		
No. recalled for Large Plate Examination	....	2,544
No. of Clinicals and Interviews	....	2,348

Re-check X-rays	....	....	....	1,756
No. of Staff X-rays	....	....	....	84
Pulmonary Tuberculosis Active			....	243
Pulmonary Tuberculosis Observation			....	589
Miscellaneous	....	....	....	1,781

The number of Active Cases, 243, shows an increase of 58 on 1950, which is 1.4% of the total examined. This figure is not a true incidence for the general population as many of these patients are selected cases referred by their own Practitioners, who are increasingly availing of the Service, and on this account are already suspect. Others reveal on interview, that they have already been diagnosed elsewhere and this opportunity is taken to further induce them to avail of treatment. The value of Dr. Gallen's work in this connection cannot be over estimated.

Over three days each month are now being devoted to following up those patients, whose large films show lesions of indefinite activity. Being cumulative, the number of these examinations is increasing annually, those for the present year being 637 more than in 1950.

The arrangement by which The Medical Director attends at Charles St. Dispensary was continued. 7,263 films were reported on as compared with 6,152 in 1950, showing an increase of 18%. Visits were also made to Rialto, St. Mary's and Clonskeagh Hospitals for special examinations. This increasing demand for services of a Radiological nature inevitably diminishes the time which the Medical Director can devote to the Mass Radiography Centre.

The conditions found of a non-tuberculous origin, e.g. Ca Bronchus, Bronchiectasis, etc. were referred to Rialto Hospital for further investigation and the prompt attention always given to these cases by Dr. Duffy, Mr. O'Neill and their staff is much appreciated.

Dr. Magan, Medical Director since the inception of the Service was seconded to the National Mass Radiography Association in May 1951. His efficient running of the Centre was very evident to his successor, who also received much valuable co-operation from him during the change-over period.

M. J. LOCHRIN,
Acting Medical Director.

VETERINARY DEPARTMENT

REPORT

BY

P. F. DOLAN, M.R.C.V.S., D.V.S.M.

Chief Veterinary Inspector

The duties of the Veterinary Department are classified as follows :—

1. Milk inspection.
2. Meat and other food inspection, including duties under the Food Hygiene Regulations, 1950.
3. Duties under Diseases of Animals Acts.
4. Bacteriological Laboratory.
5. Attendance on animals the property of the Corporation.

1. MILK INSPECTION.

On the 31st December, 1951, the following were entered in the Register of Dairymen kept by the Corporation in accordance with the requirements of the Milk and Dairies Act, 1935 :—

No. of Dairymen registered	....	1,698
No. of Premises registered	....	1,777
No. of Producers of milk registered	....	113

During the year, 189 premises, comprising 171 milk shops, 5 dairy yards, 10 milk stores and 3 vehicles were registered. Refusal of Registration Orders were served in respect of applications for ten premises.

The following is a summary of the Dealers Licences issued under the Milk and Dairies (Special Designations) Regulations, 1938.

No. of licences issued	....	....	784
No. of premises licensed	....	....	816
No. of licences issued for the sale of Pasteurised Milk	....	....	775
No. of licences issued for the sale of Highest Grade Milk	....	....	9

Refusal Orders were served on nine applicants for Dealers' Licences.

Regular inspections of milk shops and milk stores were made by Inspecting Officers to ensure that the provisions of the Act and Regulations were being complied with ; in the course of the year 9,934 inspections were made. When any breach of conditions was observed, the matter was reported ; and, if the Law Agent deemed it advisable, legal proceedings were instituted against the offender.

SUMMARY OF PROSECUTIONS FOR OFFENCES IN CONNECTION WITH THE SALE OF MILK.

OFFENCE	Number of Cases	Fines £ s. d.	D.P.O.A.	Court Poor Box £ s. d.	No action taken by Law Agent
Selling milk without being registered ...	11	3 0 0	4	2 0 0	4
Selling Pasteurised Milk without being the holder of a Dealer's Licence ...	11	5 10 0	5	—	4
Room off shop being used as sleeping apartment ...	1	10 0 0	—	—	—
Selling cream without being registered ...	1	—	—	—	1
Cows in dirty condition ...	4	6 0 0	2	—	—
Bedding for cows dirty ...	3	1 0 0	2	—	—
Quarters not clipped ...	3	2 0 0	2	—	—
Hair on udders not clipped ...	1	—	1	—	—
Milking passage restricted ...	1	—	1	—	—
Receptacle for dung close to dairy building ...	1	2 10 0	—	—	—
No standings provided ...	1	—	1	—	—
	38	20 10 0	18	2 0 0	9

MILK SAMPLING.

During the year, 265 samples of milk sold under general designation and 64 samples of milk sold under special designation were taken on the Corporation's own behalf at various places of distribution and submitted for bacteriological examination to an official bacteriologist appointed under the Act. The samples of milk sold under special designation were taken from persons selling milk under the designation Pasteurised Milk and who were empowered to do so by virtue of a Dealer's Licence issued by the Corporation, and from persons selling milk under the designation Highest Grade and who were empowered to do so by virtue of a Producer's Licence issued by the Department of Agriculture. A summary of the results of the bacteriological examination of the samples is given hereunder. For comparison purposes, the results of samples taken during the Winter and Summer periods are shown separately :—

Total Living Organisms per c.c.	General Designation No. of Samples		Special Designation No. of Samples	
	Summer Period	Winter Period	Summer Period	Winter Period
Less than 1,000 ...	2	3	—	2
1,000 to 50,000 ...	57	81	14	29
50,000 to 100,000 ...	18	20	7	2
100,000 to 200,000 ...	17	12	4	1
200,000 to 300,000 ...	2	7	—	—
300,000 to 400,000 ...	4	9	1	1
400,000 to 500,000 ...	6	2	1	1
500,000 to 600,000 ...	2	—	—	1
600,000 to 700,000 ...	1	—	—	—
700,000 to 800,000 ...	1	1	—	—
800,000 to 900,000 ...	1	—	—	—
900,000 and over ...	11	5	—	—
Samples uncounted due to spreading nature of or- ganisms ...	2	1	—	—
TOTAL ...	124	141	27	37

In addition to the foregoing sampling, 155 samples of Highest Grade Milk, 338 samples of Pasteurised Milk were taken and forwarded to the State Chemist on behalf of the Minister for Agriculture who is the licensing authority for the production or pasteurisation or bottling of all milk for sale under special designation. For the year, 49 persons were the holders of licences for either the production or bottling of highest grade milk. From 36 of these licence holders milk was distributed in the City. 41 persons were holders of licences for either the pasteurisation of milk or the bottling of pasteurised milk and 22 of these were distributing milk in the City.

EXAMINATION OF MILCH COWS IN CITY DAIRY YARDS.

Special visits were made to City Dairy Yards for the purpose of examination of the cows housed therein. Animals found to come within the provisions of the Bovine Tuberculosis Order, 1926, were immediately slaughtered. Samples of milk were taken from cows with abnormal udders and microscopically examined. Those found affected with tuberculosis were slaughtered and notices interdicting the sale of milk from those affected with other forms of mastitis were served on the owners. In cases of abnormal udders, which were negative on microscopic examination, samples of milk were grouped and submitted to biological test. These methods were adopted to ensure that all cows with tuberculosis of the udder were detected.

Notices interdicting the sale of milk from cows affected with other scheduled diseased conditions were served on the owners also.

The following is a summary of the work :—

No. of cows housed in City Dairy Yards	2,885
No. of special visits to City Dairy Yards	407
No. of examinations of Milch Cows	8,730
No. of cows from which separate samples of milk were taken for bacteriological examination	91

No. of samples taken and bacteriologically examined	....	....	105
No. of cows for which notices interdicting the sale of milk were served			63
No. of cows in City Dairy Yards found with tuberculosis of the udder	....		2
No. of cows in City Dairy Yards found with definite clinical symptoms and chronic cough	....	....	—

INFECTIOUS DISEASES ON DAIRY PREMISES.

Disease.	No. of Cases
Scarlatina	6

2. MEAT INSPECTION.

Number of animals slaughtered at the Corporation Abattoir :—

Bulls	....	....	3,251
Bullocks	....	....	11,917
Cows	....	....	36,931
Heifers	....	....	12,712
Calves	....	....	963

TOTAL CATTLE 65,774

Sheep	....	....	55,556
Swine	....	....	20,426

TOTAL ANIMALS 141,756

Number of Victuallers using the Abattoir 127

Wholetime inspection was carried out at the Abattoir and inspection of the weekly Cattle Market was made. Weekly store cattle sales and special sheep sales were also inspected.

The amount of unsound meat condemned at the Abattoir was :—

1,441 tons, 12 cwts. 1 qr. 3 lbs.

CYSTICERCUS BOVIS.

Total number of Cattle examined by Cor-

poration Veterinary Officers 18,925

Total number of Cattle affected 162

Percentage affected—0.85%.

(Cows 50, Heifers, 87, Bullocks 23, Calves 2).

11 carcasses were sent into cold storage and 162 heads and tongues were seized.

CARCASSES WHOLLY OR PARTIALLY CONDEMNED AT THE CORPORATION ABATTOIR DURING TWELVE MONTHS ENDED 31st DECEMBER, 1951.

	CATTLE		SHEEP		SWINE	
	Whole	Partial (Weight in lbs.)	Whole	Partial (Weight in lbs.)	Whole	Partial (Weight in lbs.)
Tuberculosis ...	1,154	8,155	—	—	14	226
Traumatism ...	23	3,513	2	251	—	141
Oedematous and Wasted ...	39	—	12	—	2	—
Gangrene ...	1	—	—	—	—	—
Redwater ...	—	—	—	—	—	—
Moribund and Ill- bled ...	9	—	17	—	7	—
Decomposition ...	11	—	46	—	8	200
Septic Conditions	17	707	6	212	5	10
Carcinoma ...	11	55	2	—	—	—
Swine Erysipelas	—	—	—	—	3	—
Other Conditions	67	2,360	22	202	18	60
TOTALS ...	1,332	14,790	107	665	57	637

RETURN OF ORGANS, Etc., CONDEMNED AT DUBLIN CORPORATION ABATTOIR DURING TWELVE MONTHS ENDED 31st DECEMBER, 1951.

—		Cattle	Sheep	Swine	Total	—		Cattle	Sheep	Swine	Total
LUNGS :	Tuberculosis	7,807	—	280	8,087	LIVERS :	Tuberculosis	3,959	—	264	4,253
	Abscesses	5	5	—	10		Abscesses	175	2	1	178
	Pneumonia	43	4	74	121		Necrosis	20	2	—	22
	Pleurisy	17	14	92	123		Cirrhosis	228	2	4	234
	Parasitism	1	1	—	2		Distomatosis	13,701	146	1	13,848
	Cysts	55	—	—	55		Cav. Angiona	62	—	—	62
	Other Conditions	49	17	11	77		Other Conditions	77	16	48	141
HEARTS :	Tuberculosis	7,312	—	276	7,588	KIDNEYS :	Tuberculosis	94	—	9	103
	Other Conditions	20	29	121	170		Nephritis	13	—	—	13
							Cysts	2	—	—	2
							Other Conditions	26	3	5	34
SKIRTS :	Tuberculosis	371	—	—	371	UDERS :	Tuberculosis	1	—	—	1
	Other Conditions	15	4	—	19		Mastitis	9,027	—	—	9,027
							Other Conditions	—	—	—	—
STOMACHS :	Tuberculosis	3,446	—	130	3,576	UTERI :	Tuberculosis	46	—	—	46
	Other Conditions	17	4	10	31		Other Conditions	—	—	—	—
INTESTINES :	Tuberculosis	3,919	—	130	4,049	HEADS :	Tuberculosis	5,115	—	842	5,957
	Other Conditions	20	4	10	34		Actino	89	—	—	89
							Abscesses	5	—	—	5
							Other Conditions	245	8	14	267
SPLEENS :	Tuberculosis	68	—	11	79	TONGUES :	Tuberculosis	5,115	—	842	5,957
	Other Conditions	3	—	—	3		Actino	89	—	—	89
							Other Conditions	245	8	14	267

PRIVATE SLAUGHTER HOUSES.

Number of private slaughterhouses	....	52
Number of Victuallers using private slaughterhouses	....	145
Number of inspections of slaughterhouses		7,940

ESTIMATE OF ANIMALS SLAUGHTERED IN PRIVATE SLAUGHTERHOUSES AND FACTORIES.

Cattle	....	41,186
Sheep and Lambs	....	119,728
Pigs	....	72,441

The amount of unsound meat condemned as a result of visits to private slaughterhouses was 144 tons, 21 lbs. One prosecution followed. The case was dismissed.

CYSTICERCUS BOVIS.

Total number of cattle examined	....	26,165
Total number of cattle affected	....	132

(Percentage affected 0.50%).

SLAUGHTER OF ANIMALS ACT, 1935.

Slaughter licences were issued under the Act to 137 applicants and the fees therefor amounting to £34 5s. 0d. were received.

CONVEYANCE OF MEAT—PROSECUTION.

For a breach of the Bye-Laws relating to the conveyance of meat, one fine of 20s. was imposed.

Number of Knackers' Yards—1

FOOD INSPECTION AND PROSECUTIONS FOR UNSOUND FOOD.

During the year, 824 visits were made to Food Shops, the amount of food condemned being 4 cwt.

3 qrs. 2 lbs. Three prosecutions followed resulting in one fine of £10. Two cases were D.P.O.A.

5,193 visits were made to premises of stallholders and street traders. There were 68 visits to Depots and Cold Stores and 109 visits to factories. Markets were inspected on 259 occasions. The amount of food condemned as a result of these visits was 2 tons, 13 cwts. and 16 lbs.

The number of occasions on which unsound food was reported to the Department and was condemned as a result of visits to depots, etc. was 39.

FOOD COMPLAINTS.

During the year, 79 complaints were made by members of the public concerning food purchased by them in the City. Each complaint was investigated and, where necessary, an examination was made of the food on the vendors' premises. The following is a list of the various articles submitted for examination with the number of complaints shown in brackets :—

Milk (25) ; Meat (25) ; Fish (5) ; Bread and Cakes (8) ; Fowl (4) ; Black and White pudding (2) ; Butter (3) ; Flour (1) ; Baby Food (1) ; Potato Crisp (1) ; Fruit (1) ; Sauce (1) ; Vinegar (1) ; Cheese (1).

TOTAL WEIGHT OF UNSOUND FOOD FOR THE YEAR.

	Tons	Cwts.	Qrs.	Lbs.
Meat and Organs, Beef, Mutton, Pork and Bacon	1,585	18	—	3
Fowl and Game ...	1	8	1	11
Fish	—	8	3	12
Miscellaneous	—	15	7	17

DISEASED AND SUSPECTED ANIMALS DEALT WITH IN
MARKETS, LAIRS, ETC., UNDER FOOD INSPECTION
DURING THE YEAR.

Animals dealt with	HOW CARCASSES WERE DEALT WITH				Removed outside Our Jurisdiction
	Passed	Condemned		Organs only	
		Total	Partial		
Cattle ... 81	25	22	10	19	5
Sheep ... 15	12	2	—	1	—
Pigs ... 1	1	—	—	—	—
TOTAL ... 97	38	24	10	20	5

DISEASES OF ANIMALS ACTS.

BOVINE TUBERCULOSIS ORDER :

Number of cows found to be affected with tuberculosis of the udder	5
Number of animals found to be showing definite clinical symptoms of tuberculo- sis with chronic cough	4
Number of cows with abnormal udders in City Dairy Yards on samples of milk being bacteriologically examined found not to be affected with tuberculosis of the udder	89
Number of animals found suffering from tuberculous emaciation	—
Total number of animals dealt with	98

Nine animals were found to come within the scope of the Bovine Tuberculosis Order. Seven of these animals were slaughtered by the owners. For the remaining two, the agreed valuation amounted to £28 and compensation of £17 was paid to owners. The net cost of compensation was £8 19s. 7d.

Routine work was carried out under the following Orders :

Sheep Scab Order, Anthrax Order, Rabies Order, Parasitic Mange Order, Swine Fever Order and Foot and Mouth Disease Orders.

The work performed in connection with other Orders under the Disease of Animals Acts was mainly of a preventive nature.

NUMBER OF ANIMALS IN CATTLE MARKET DURING YEAR.

PERIOD	BEASTS		CALVES	SHEEP	PIGS
	Fat	Dairy			
March Quarter ...	41,042	1,733	122	53,386	13,212
June Quarter ...	30,712	1,797	92	65,075	13,412
September Quarter ...	45,755	2,535	458	82,836	13,213
December Quarter ...	55,712	2,496	407	63,981	13,680
TOTALS ...	173,221	8,561	1,079	265,278	53,517

RETURN OF SPECIAL SHEEP SALES AND SALES OF STORE CATTLE DURING THE YEAR

	—		SHEEP	STORE CATTLE
March Quarter ...	...	...	—	12,523
June Quarter ...	...	...	—	15,666
September Quarter ...	...	...	14,882	14,934
December Quarter ...	...	...	8,380	15,737
TOTALS	...	...	23,262	58,860

BACTERIOLOGICAL LABORATORY.

MICROSCOPIC EXAMINATION OF MILK.

Samples of Milk from cows in City Dairy Yards :

Number of examinations	....	....	105
Streptococci	....	....	43
Diplococci	....	....	7
Staphylococci	....	....	3
Tubercle Bacilli	....	....	4
Other Organisms	....	....	10
Negative	....	....	38

Samples of Sputum :

Number of examinations	....	....	1
Tubercle Bacilli	....	....	—
Negative	....	....	1

Samples of Milk or Secretion from Cows other than
in City Dairy Yards :

Number of examinations	....	....	6
Tubercle Bacilli	....	....	3
Other Organisms	....	....	2
Negative	....	....	1

Samples of Sputum :

Number of examinations	....	....	1
Tubercle Bacilli	....	....	1
Negative	....	....	—

BIOLOGICAL EXAMINATION OF MILK.

Group Samples :

Number of examinations	....	....	5
Positive	....	....	1
Negative	....	....	4

Direct Samples :

Number of examinations	....	....	12
Positive	....	....	—
Negative	....	....	12

Control Samples taken at Infant Aid Depots :

Number of examinations	....	....	17
Positive	....	....	—
Negative	....	....	17

Control Samples taken at Hospitals :

Number of examinations	....	....	21
Positive	....	....	1
Negative	....	....	20

Miscellaneous Control Samples :

Number of examinations	....	....	82
Positive	....	....	1
Negative	....	....	81

MICROSCOPIC EXAMINATION—GENERAL.

Skin Scrapings for Parasitic Mange :

Number of specimens	....	....	1
Positive	....	....	—
Negative	....	....	1

Wool Samples :

Number of specimens	....	....	—
Number of cases in which psoroptes ovis was found	....	....	—
Number of cases negative	....	....	—

Blood Films for Anthrax :

Number of specimens	....	....	39
Positive	....	....	—
Negative	....	....	39

ATTENDANCE OF ANIMALS THE PROPERTY OF THE CORPORATION.

CATTLE :

During the year, 69 visits were made by Veterinary Inspectors to Crooksling Sanatorium Farm and 129 attendances resulted :—

In addition, each animal of the dairy herd was subjected to the Tuberculin Test.

The herd was vaccinated with Strain 19 for the second year in succession with very satisfactory results. there being only one case of brucellosis during the year. It appears that the herd is free of infection now.

The number of animals purchased during the year was 15 and the number eliminated was 22.

On the 31st December, 1951, the herd numbered 52 cows, 2 bulls, 12 heifers and 11 calves.

The following tables give :

- (1) An analysis of the causes of the elimination of animals for each year since the formation of the herd in October, 1926 to the end of 1951, and
- (2) A summary of the results of the post-mortem examination on 178 of the eliminated animals during the same period.

ELIMINATION OF ANIMALS IN HERD FROM OCTOBER, 1926, TO 31ST DECEMBER, 1951.

Year	Reactors	Doubtful Reactors	Mastitis	Defective Quarters	Sterility	Milk Records	Bulls	Reactors Agglutination Test	Other Causes	Total
1927	5	—	1	—	—	1	—	—	—	7
1928	3	2	—	—	1	—	—	—	1	7
1929	1	2	3	2	2	—	—	—	3	13
1930	1	2	1	2	—	2	1	1	—	10
1931	2	1	2	—	—	1	1	—	2	9
1932	—	—	—	—	2	—	—	—	2	4
1933	2	—	3	—	1	4	—	—	2	12
1934	4	—	2	—	—	1	1	—	—	8
1935	—	—	5	—	2	—	1	—	—	8
1936	—	—	10	—	—	2	—	—	—	12
1937	—	2	5	5	3	—	—	—	1	16
1938	—	—	3	—	3	—	—	—	1	7
1939	—	—	2	—	—	5	1	—	2	10
1940	6	—	3	—	—	5	—	—	1	15
1941	—	—	1	—	—	6	—	—	3	10
1942	2	—	5	—	5	3	1	—	2	18
1943	1	1	2	1	—	—	—	1	1	7
1944	2	—	5	—	1	4	—	4	1	17
1945	—	—	2	—	1	1	1	—	1	7
1946	1	—	2	1	1	2	—	—	2	9
1947	3	—	6	—	—	2	—	—	3	14
1948	—	—	2	1	—	2	—	—	4	9
1949	1	1	3	—	1	4	2	—	3	15
1950	2	—	11	1	—	8	—	1	5	28
1951	1	—	9	—	3	—	1	—	8	22
	37	11	88	14	26	53	10	7	48	294

POST MORTEM EXAMINATIONS HELD ON 178 OF THE 294 ELIMINATED ANIMALS

	Post Mortem Examina- tions	EVIDENCE OF TUBERCULOSIS FOUND				No Macroscopic lesions of Tuberculosis
		Mesenterics	Bronchial & Mediastinal	Pharyngeal only	Pseudo- Tuberculosis	
Reactors—37 ...	33	8	10	1	2	12
Doubtful Reactors—11 ...	6	1	1	—	—	4
Remaining Eliminated Animals—246 ...	139	—	—	—	—	139

SANITARY DEPARTMENT.

The past year has been an eventful one for the Sanitary Department. The re-organisation of the staff as recommended and outlined by Dr. J. A. Harbison, Dublin City Medical Officer, has begun to take shape. The Chief Health Inspector was appointed and took up duty on the 15th January, 1951. Three posts of Supervising Health Inspectors were advertised on the 24th April, and two of these appointments were made in September. The third appointment is imminent. Sixteen positions of permanent Health Inspectors were advertised on the 18th July and these will probably be filled early in 1952.

The making of these permanent appointments is a great relief as there will be now adequacy of supervision, continuity in the working of the Department, and the whole staff better enabled to perform their many duties throughout the City, particularly recent duties given to us under the Food Hygiene Regulations.

The re-organised establishment as outlined by the City Medical Officer will be as follows :

SANITARY OFFICE.

Chief Health Inspector	....	....	1
Supervising Health Inspectors		....	4
Prosecuting Inspector	....	....	1
Industrial Hygiene Inspectors		....	2
Food & Drugs Inspectors	....	....	4
Port Health Inspector	....	....	1
Drains Inspector	....	....	1
District Inspectors		....	30

Note : An additional Port Health Inspector has since been recommended by the City Medical Officer, and this Inspector has taken up duty on the 27th December, 1951.

DISINFECTION DEPOT, MARROWBONE LANE.

Superintendent Inspector	....	1
Infectious Diseases Inspector	1
Rodent Control Inspectors	2

ABATTOIR.

Meat Inspector	1
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VETERINARY DEPT.

Dairy Inspectors	4
Milk Sampling Inspector	1

HOUSING DEPT.

Housing Inspectors	....	....	5
Multiple Dwellings Inspectors	....	....	6

It was stated in an extract from the Manager's Orders that the only temporary staff to be employed in addition to the permanent staff would be the six Inspectors engaged on the survey of multiple dwellings. At a conference held in the Housing Director's Office on the 12th June, 1951 in connection with revisions in the Housing Amendment Act, 1948, it was decided due to the fundamental difficulty experienced in operating Sections 11 and 12 of the Act, which Sections sought to control the creation of new tenements, that the District Health Inspectors should concentrate their activities in relation to multiple dwellings under the relevant Sections of the Housing (Miscellaneous Provisions) Act, 1931, and the Bye-laws controlling overcrowding made under the Public Health and Housing Acts. That resulted in a reduction in the number of those temporary inspectors engaged on such work, and there are now only two inspectors employed on multiple dwellings. Nevertheless it will become necessary if the Corporation deem it desirable to pursue the provisions of the 1948 Act with the greatest possible vigour to increase the staff in the future on such work, particularly when works under Sections 5, 47 and 23

of the 1931 Act and C.P.O. Areas begin to assume major proportions, and the clearance of old-standing slum areas becomes effective.

In August when the appointment of the Supervising Health Inspectors was imminent the following scheme of supervision was suggested at the instance of the City Medical Officer.

1. One Supervising Inspector to supervise and co-ordinate the work of the inspectors engaged in housing generally and in particular the work of the :—

Housing Investigation Inspectors	5
Inspectors of Multiple Dwellings	2
Inspectors engaged on Clearances and Demolitions (Secs. 23, 25)	2
District Inspectors 1, 3, 11, 12, 13	5

2. The second Supervising Inspector to attend to :—

Food and Drugs Inspectors	4
Milk Sampling Inspectors	2
District Inspectors 2, 4, 5, 6, 7, 8, 9, 10	8

3. The third supervisor would be responsible for all matters of Industrial Hygiene in the Department. He would maintain liaison with the Infectious Diseases Branch in the Disinfection Depot, Marrowbone Lane, in connection, particularly, with the organisation of Public Health Courses. He will also supervise District Inspectors Nos. 21, 23, 24, 25, 26, 27, 28, 29, 30.

4. The fourth Supervisor supervises :—

The Port Sanitary Inspectors	2
The Drains Inspector	1
District Inspectors 14, 15, 16, 17, 18, 19, 20, 22	8

He will organise Food Hygiene Courses for inspectors and public groups, give public lectures and give aid in the furtherance of public health work in any necessary campaign by way of publicity, films, lectures and talks.

Under this scheme of supervision it will be possible to have an ordered system of rotation which will tend to reduce the number of specialist posts to a minimum, and will result in time, in the inspectors having an extensive knowledge of procedure in our various operations under the Public Health Acts and Regulations. For this reason, I would suggest that there be changes each year and that no inspector be more than two years on the one district, and that an inspector should be encouraged to gain experience in different aspects of our work.

GENERAL DISTRICT WORK.

Heretofore for purposes of inspection by Health Inspectors, the city was divided into 21 districts. Howth was incorporated into the County Borough of Dublin on 26th August, 1942, thus increasing the number of districts to 22. Our tenement registers, housing surveys, clerical documents and reports were all formulated on that basis. With the increase of the city's population from 487,500 in 1940 to 537,600 in 1950, an increase of 10% in a decade, together with increased duties under the Health Act, 1947, it has become necessary now to divide the city into 30 sanitary districts and increase the staff accordingly. A map of the city shewing these new sanitary districts has been prepared at the direction of Dr. Harbison, C.M.O. and each inspector is provided with a sector map of his own area. The inspector by systematic inspection of his districts seeks conditions injurious to health and obtains abatement of public health nuisances. He attends to defective drains, insanitary conditions in houses and yards and reports on overcrowding, housing conditions and unhealthy areas.

His reports and activities all have a legal basis and not necessarily under the same Act. The general procedure to abate nuisances is under the Public Health (Ireland) Act, 1878. He may deal with itinerants, temporary dwellings and defective drains under the 1948 Sanitary Services Act. He initiates procedure to have houses demolished or unhealthy areas cleared under the 1931 Housing Miscellaneous Provisions Act. Attached herewith is a table shewing the inspections and activities of the District Inspectors during the past year. It will be noted that the major difference between these returns and those of former years is the importance and preponderance of the Food Hygiene Regulations returns.

SUMMARIES CULLED FROM WEEKLY RETURNS.

1951

Inspections of Tenement Houses, Cottages and other Houses	49,479
Other Inspections, including Schools, Stables, Fish and Chip Shops, Outwork- ers' Premises, etc.	10,321
Rooms inspected	111,055
Rooms re-inspected	23,551
Inspections of Offensive Trade Premises	108
Inspections of Workshops	211
Inspections of Piggeries	487
Inspections of Bakeries	17
Inspections of Common Lodging Houses	64
Nightly Inspection of Common Lodging Houses	5
Inspections of Weekly Lodging Houses	90
Inspections of Ice Cream Shops	483
Inspections of Burial Grounds	168
Number of Written Notices served	8,559
Number of Verbal Notices given	5,053

Number of premises in respect of which Bye-law 34 (Limewashing) Notices were served	....	....	....	....	8,902
Number of Nuisances found due to com- plaints	....	....	....	....	4,027
Tests applied to House Drains				....	374
Choked Drains freed			....	....	908
Interviews with Property Owners as to Sanitary Requirements			....	....	2,000

FOOD HYGIENE REGULATIONS.

In circular F. 56/51 from the Department of Health dated 31st August, 1951, the Minister gave notice of his intention to make an Order fixing the commencement date for the operation throughout the Republic of Part IV of the Regulations from 1st October, 1951, with regard to hotels, holiday camps, restaurants, butchers shops, pork butchers shops, fishmongers and poulterers. Registration of food or ice cream manufacturing premises to be considered on the 1st April, 1952. Actual registration normally to take effect a year hence from those dates. Under the Official Seal of the Minister for Health—on 27th September, 1951, was issued Statutory Instrument No. 270 of 1951 entitled Food Hygiene Regulations, 1950 (Commencement of Part IV) Order, 1951, in which the Minister made the official order bringing Part IV of the Regulations into operation throughout the State with regard to the premises mentioned above. Thus commenced the first revolution of the wheel of Registration which will presumably not cease to revolve until all food premises be registered or refused registration.

Our Inspectors having attended a two weeks' course on these Regulations and having received special lectures from Dr. Harbison, City Medical Officer, and from the supervisory staff, thus went forth to inspect for Registration purposes, all the hotels, cafes, restaurants and holiday camps in their respective districts.

By agreement the inspection of butchers' shops, pork butchers' shops, fishmongers and poulterers were reserved as a function of the Veterinary Department. Registration in the case of butchers' and pork butchers' premises becomes a matter for consideration as and from 1st April, 1952.

In order to determine the number of food premises coming within the purview of the Regulations a census was carried out in the early months of the year and the findings were briefly as follows :—

Sweet shops, ice cream and confectionery	909
Hotels, Restaurants and Guest Houses, Cafes, Canteens	405
Grocery and Provision Shops	1,610
Vegetable and fruit shops	304
Butchers' shops and pork butchers	384
Licensed premises (including 71 off-licences)	649
Bakeries	47
Retail bakeries	113
Breweries and distilleries	4
Food processing premises	19
Food stalls	52
Fish and Chip Saloons	125
Ice cream manufacturer	51
Jams and preserves manufacturer	4
Mineral water manufacturer	7
Sweet manufacturer	25
Working-class dining rooms	23
Wholesale bottlers	27

The above returns were compiled by our Inspectors while carrying out their ordinary duties and although they cannot be regarded as mathematically accurate they nevertheless present a picture of the extent of our Food Hygiene problem.

APPLICATIONS FOR REGISTRATION.

Premises	Hotels	Holiday Camps	Restaurants (' B ' below).					TOTAL
1. Number of applications for registration received ...	135	—	R. 98	S. 103	I. 8	F. 91	C. 37	472
2. Number of final reports of inspection furnished to Chief Medical Officer ...	13	—	15	8	2	5	—	43
3. Number of premises in respect of which the C.M.O. has recommended—								
(a) alterations	13	—	10	8	2	3	—	36
(b) registration without alterations ...	—	—	5	—	—	2	—	7
(c) refusal ...	—	—						—

KEY :—R—Restaurant. S—Snack Bar. I—Ice Cream Parlour.
F—Fish Saloon. C—Canteen.

UNFIT FOOD COMPLAINTS.

Members of the public who purchased foodstuffs that proved on examination to be unfit, submitted the unfit foods to our Department for investigation and necessary action by us. During the past year the following complaints were submitted :—

Butter (11) ; Stout (2) ; Rice (6) ; Bread (17) ; Canned Beans (7) ; Whiskey (2) ; Canned Foods (10) ; Sweets (8) ; Chocolates (2) ; Lemonades (2) ; Cooked Vegetables (3) ; Mushrooms (1) ; Sugar (2) ; Sausage Rolls (6).

Seven complaints of dirty handling of foodstuffs in catering establishments were received and investigated.

Foods, seized, condemned, de-natured and destroyed during the year were :—

10,359 cans of fish.
12 cwt. of sweets.
4,080 cans of peas.
1,000 cans of tomato puree.

OFFENSIVE TRADES.

The presence of offensive trades is dealt with under Section 128 of the Public Health (Ireland) Acts, 1878, with additional powers under Section 51 of the Public Health Acts (Amendment Act) 1907. Existing offensive trades at the time were blood boiler, bone boiler, fellmonger, soap boiler, tallow melter, tripe boiler, to which has been added the following trades which were declared offensive on the 5th October, 1915, under Section 51 of the Act of 1907, dealer in rags, dealer in bones and dealer in uncured skins.

At the moment there are negotiations going on between the Corporation and the Department of Local Government to extend the list of offensive trades so as to include blood drier, tanner, leather dresser, glue making, fat melter or fat extractor, size maker, gut scraper and it is hoped that these additions will help to clear up the situation with regard to offensive trades in the city.

ST. GEORGE'S CEMETERY, WHITWORTH ROAD.

As can be seen from the Weekly Returns, summarised above, our Inspectors carry out routine inspections of burial grounds. This year it was necessary to recommend the closing of the above Cemetery. As a result of a recommendation made by this Department, the City Medical Officer reported on the 25/5/51 to the City Manager that the above Cemetery should be closed to further burials. This recommendation came before the City Manager on the 30th May, 1951, when he approved and made the necessary order. This cemetery, opened about 1800, has become overcrowded, and a great number of recent interments do not comply with the requirements of the Public Health Acts.

The order of the City Manager required the confirmation of the Minister for Local Government. The Minister in a letter of the 1/11/51 indicated that his Inspector, Mr. D. O'Conaill, would hold a local Inquiry

on the 4/12/51 to hear claims from those persons seeking right of interment before the cemetery would be finally closed.

As a result of advertisement in the Press and Notices posted in the vicinity of the cemetery, some hundred applications seeking right of further interment were received and these applications formed the main basis of the Local Inquiry.

A great deal of preliminary work preparatory to the Inquiry was undertaken by this Department. Each grave was sounded in three places, registers examined, plans were prepared and persons interested advised of the necessary procedure.

The result of the Inquiry will take some time and will be promulgated in due course.

LOCAL GOVERNMENT (SANITARY SERVICES) ACT, 1948.

DRAINS.

During the year our Department attended to many complaints about choked and defective drains.

Number of drains tested	374
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Number of drains freed	908
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Owners frequently request the Corporation to abate a nuisance arising from their choked or defective drains. The Corporation recover the costs of these works under Section 18 of the Act. The cost is calculated on a time, material and transport basis. The Chief Clerk in the Sanitary Department enters the particulars in a Repayable Accounts Sanitary Services Book which was commenced last May. These accounts are then forwarded to the City Accountants's Department.

WATER.

Water samples for bacteriological examination are collected each day by the inspectors from areas in the city serviced by supplies from Vartry, Bohernabreena and Poulaphouca. These samples are furnished to the

Bacteriological Laboratory in Kildare Street and a report is then returned to the City Medical Officer.

The raw, finished and filtered supplies at the reservoirs are also regularly sampled.

TEMPORARY DWELLINGS.

Itinerants, Romanies and caravan dwellers have been a source of nuisance in the city for some time past. They camp on derelict sites, leave litter around and are regarded with suspicion by the neighbours. Their caravans are not provided with sanitary accommodation and would normally be better sited in open country spaces, or in municipal compounds having sanitary amenities.

It appears that the making of a general Order prohibiting the erection or retention of temporary dwellings in the city would not be feasible. At a discussion in the office of the C.M.O. held on 21/5/51 it was held that the most effective way of dealing with the problem was the making of Bye-laws under Section 30 of the Act.

Following representations from this Department a number of derelict sites were enclosed, under the Derelict Sites Act, 1940. This proved an effective barrier to itinerants. It is usually found that a sufficient deterrent to trespass on vacant sites is the provision of a barrier of spudstones.

An Order under Section 31 in relation to temporary dwellings which are so sited as to preclude the possibility of sanitary amenities could be phrased to exclude temporary dwellings erected by the Local Authority for the use of T.B. patients, builders huts and temporary dwellings having sanitary amenities.

Procedure by way of Bye-laws and/or Nuisance Section would be more effective if supported by an Order directed against specified categories of dwellings, persons or places. In fact a properly phrased Order might prove of itself to be a sufficient weapon to prevent and abate this nuisance.

LOCAL GOVERNMENT (DUBLIN) ACT, 1930.

In Section 72 of the above Act a discount of 20% is granted to owners of houses of not more than £8 0s. 0d., Poor Law Valuation. Before the rebate is given the houses, usually cottage properties, are examined by our inspectors to see that the dwellings are in good and habitable condition. The City Medical Officer certifies the suitability of the premises. The houses must have properly paved yards, a good drainage system and water closet accommodation, dustbins, for the removal of household refuse must be provided, and the structure of the house must be in good physical repair.

During the year 1951, the number of applications for discount received from owners was 260. 6,318 ratings were passed and 304 were rejected.

SANITARY CASES IN COURT.			1951
Summonses (Ordinary)	....	....	313
„ (Disobedience)	....	....	21
„ (Bye-laws)	....	....	73
„ (Sections 83 & 84)	....	....	1
„ (Sections 56)	....	....	—
Orders obtained	....	....	198
Owners fined	....	....	81
Owners' cases adjourned	....	....	94
Summonses abated	....	....	142
Summonses marked ' Probation Act '	....	....	—
Summonses struck out	....	....	6
Summonses dismissed	....	....	1
Summonses marked ' no service '	....	....	11
Summonses adjourned generally with liberty to re-enter	....	....	3
Penalties imposed, absolute	....	£590 0s. 0d.	

Where heavy fines were imposed in the District Court for failure to comply with Court Orders or

Corporation Bye-laws appeals were made to the Circuit Court in some cases. In each case the conviction was confirmed. In other cases petitions against fines were sent by persons fined to the Minister for Justice. In some instances due to impoverished circumstances a mitigation of the fine was recommended. We had two cases where owners failed to obey a Court Order and where the Corporation was obliged to carry out the necessary works and recover the costs in a summary manner. I am informed by the Prosecuting Inspector that there is a marked improvement in having sanitary works and repairs carried out more expeditiously, because of recent heavy fines in Court. In fact, this is having the effect that written and verbal Notices are now more widely respected and it is possible to complete many requirements without having recourse to Court. This is as it should be.

INDUSTRIAL HYGIENE.

In approving the increased number of staff in this Department, the Minister in a letter dated 22nd December, 1950, had regard to our proposal to assign two inspectors to industrial hygiene duties. The duties of these inspectors comprise (a) inspections of commercial and industrial premises in regard to matters affecting the health and comfort of the employees ; (b) investigation of nuisances arising from trade effluents ; (c) assessing humidity, lighting and ventilation in hotels and restaurants ; (d) examination of and reporting on plans submitted to the Local Authority to see that they accord with Public Health Law ; (e) inspection of boiler installations and checking boilerhouse practice. There is a direct and implied obligation on the Local Authority to undertake this class of work in the Public Health Acts generally. In the Factory and Workshops Act, 1901, the inspection of workshops proper is a matter for the Local Authority.

The work of our Industrial Hygiene Inspectors has increased and become more responsible. Their returns of operations for the past year are as follows :—

RETURN OF OPERATIONS UNDER INDUSTRIAL HYGIENE 1951.

Factories	No. of Plans Lodged	No. of Insp. of Prem. or Sites	Consultations with Technicians	Rejections	INTERDEPARTMENTAL REPORTS.		
					City Architect	Engineering & Town Planning	Fire Brigade
Factories ...	71	106	125	4	43	42	6
Workshops ...	7	7	7	2	5	2	2
Stores ...	9	14	15	—	5	4	1
Shops ...	37	40	52	5	31	9	2
Offices ...	10	4	8	—	9	4	—
Institutions ...	7	1	6	—	5	2	1
Temporary Buildings ...	7	7	8	—	2	5	—
Residential Premises ...	14	9	16	1	—	1	1
Other Premises	6	4	6	—	4	2	—
FOOD PREMISES.							
Canteens and Restaurants	12	26	23	—	7	5	1
Meat Products and Canning	9	10	22	—	7	2	—
Fish and Poultry	3	3	3	—	3	—	—
Sweet Factories	7	11	8	—	6	1	1
Licensed Premises ...	15	14	15	—	12	3	—
Hotels ...	4	5	7	—	4	—	—
Bakeries ...	5	5	6	—	4	1	1
Dairies ...	1	1	1	—	1	—	—
General Food Factories ...	6	12	17	1	4	2	—
Mineral Water Factories ...	1	1	3	—	—	1	—
Egg Stores ...	3	3	3	—	—	3	—
Ice Cream Manufacturers ...	1	3	1	—	—	1	—
Greengrocery Shops ...	2	10	2	—	1	1	—
Grocery, Confectionery	23	10	10	—	3	20	—
TOTALS ...	260	306	364	13	156	111	16

INDUSTRIAL NUISANCES.

	Inspections Statutory or Verbal Notices.		Nature of Remedial Measures.
Smoke Emission ...	89	54	Grit arresters.
Grit „ ...	14	12	Local Exhaust vent.
Dust „ ...	8	4	Mechanical stokers.
Fumes „ ...	11	3	Chain grates (revolving).
Odour „ ...	8	6	Smokeless fuel (solid).
Effluent „ ...	4	4	Conversion to oil firing.
Inspections with inspectors re general defects in Industrial and Commercial Premises ...	127	84	Improved boilerhouse practice.
TOTALS ...	261	167	Dilution and filtration of effluent and diversion into main drainage.

There is a general improvement in all cases relating to environmental hygiene such as cloakroom and meal accommodation, staff sanitary facilities, drinking fountains, also improvements in lighting, ventilation and drainage.

FACTORY AND WORKSHOPS ACT, 1901.

Under Section 5 of the above Act, the Factory Inspector gives notice in writing of any act, neglect or default in relation to a nuisance in a factory or workshop to the District Council, whose duty it then is to make enquiry and take such action as seems to them appropriate for the purpose of enforcing the law. During this year we received 66 such notifications from the Factory Inspectorate and proper action was taken in each case.

In Part IV of the Act, Section 107, the occupier of every factory and workshop shall keep in the prescribed form lists showing the names and addresses of all persons employed by him in the business of the factory or workshop, outside the factory or workshop, and the places where they are employed. These lists are to be sent to the Local Authority on or before the 1st day of February and the 1st day of August each year. Contravention of this Section entails a fine of 40s. and in the case of a second offence £5 0s. 0d.

In accordance with the above procedure 29 firms sent in their lists in the prescribed form at the stated time. The number of out-workers in the February list was 207, and in the August list 203. These out-workers were engaged at the following trades:—wearing apparel, household linen, lace, curtains, furniture hangings, upholstery, file making, umbrellas, artificial flowers, paper bags, basket making, boot and shoe making and repairing, and processes incidental to the above works.

HOUSING.

The Health Inspector in Dublin is very much concerned with housing. Overcrowded families apply for a Corporation house. The clergy and charitable organisations recommend families to us to be housed. Old tenements succumb to weather erosion in the course of time and the families must be removed. Damp cottage-dwellings crumble away and an area is cleared.

An 'unhealthy area' is an area the dwelling houses in which are by reason of disrepair or sanitary defects unfit for human habitation or are by reason of their bad arrangement or the bad arrangement of the streets, dangerous or injurious to the health of the inhabitants of the area, and in which the other buildings if any, are for a like reason dangerous or injurious to the health of such inhabitants. The function of the Health Inspector is to furnish detailed reports on such unhealthy areas in his district to the City Medical Officer and if the Clearance Procedure prove cumbersome and slow he must by continuous inspection see that a proper standard of sanitation be conserved pending completion of the Clearance. The words 'sanitary defects' include 'lack of air space, or of ventilation, darkness, dampness, absence of adequate and readily accessible water supply or sanitary accommodation or of other conveniences and inadequate paving of drainage of courts.' In order that the Inspector will be in a position to determine whether a house is fit for human habitation he shall have regard to 'the extent the house falls short of the provisions of bye-laws or the general standard of housing accommodation for the working classes in such district.' If account be taken of the number of dwellings of the artisan type provided by the Corporation, some 30,000 then when that figure is compared with the artisan population of the city, there can be no doubt that a high housing standard prevails. Our Housing Bye-laws also set a high standard. Separate sanitary and water facilities for each tenant is the ideal. Accommodation must also be provided for washing clothing, the conservation of foodstuffs and for food cooking and storage. In the

case of new buildings, precise specifications are available in our Building Bye-laws relative to concrete structures, cavity walls, house foundations, thickness of walls, flues and fireplaces, hearths, floors, roofs, the ventilation and the construction of drains.

OVERCROWDING.

In dealing with cases of overcrowding our inspectors are guided by the standard set forth in Bye-laws 4 and 5 of the Bye-laws with respect of Working Class Lodging Houses in the City of Dublin. This Bye-law allows 400 cubic feet of free air space for an adult and 300 for a child under 10 years of age in a tenement room. In many tenement rooms in Dublin, having high Georgian ceilings, the floor space is comparatively small and many large families of from 6 to 10 persons are not regarded as being overcrowded. This matter was discussed in a report of the Chief Health Inspector to the C.M.O. dated 13th November, 1951, wherein it is proposed to remedy this defect by amending Bye-law 4. In this amendment overcrowding is calculated on superficial area instead of volume of air space. The amended Bye-law would read as follows :—

1. 'A tenant of a lodging house shall not knowingly permit any room in a lodging house used as a livingroom or bedroom to be occupied at any one time by a greater number of persons than will allow of a floor area of 55 sq. feet for each person.

No regard shall be had to any room, the floor area of which is less than 55 sq. feet.

2. A tenant of a lodging house shall not knowingly permit any room in a lodging house used as a livingroom or bedroom to be occupied, the height of which measured throughout from floor to ceiling is less than 8 feet.

Provided that the height of any such room being wholly or partly in the roof of a building

shall be deemed to comply with the requirements of this Bye-law if it is at least 8 feet so measured as aforesaid throughout not less than two-thirds of the area of the floor and at least 6 feet throughout the remainder of the area of the floor.'

Anent the amendment of this Bye-law a conference with the Department of Local Government was held in the Customs House at which the City Medical Officer, the Housing Allocations Officer and myself attended. Various matters were discussed including the determination of priorities in the allocation of tenancies, preferential treatment and maximum subsidies in T.B. cases, overcrowding in relation to floor area and volume of airspace and bye-law standards as compared with housing standards generally and certain hardship categories not covered by regulations such as families living in the Dublin Union, families overholding army married quarters, cottage families and families suffering from disabilities other than T.B. This matter concerns the Health Inspector and the Medical Officer more nearly now than it did heretofore, because of the 1950 Housing Act and the Housing Management and Lettings Regulations wherein there is an obligation on the M.O.H. to recommend candidates for housing accommodation in the determined priorities.

HOUSING (MISCELLANEOUS PROVISIONS) ACT, 1931.

The Health Inspector reports a dwelling as being unfit under the above Act. The house may also be inspected by the City Medical Officer or his deputy. For purposes of determining the actual degree of unfitness or whether the house can be repaired at reasonable expense the C.M.O. is assisted in his decision by an Architectural Adviser. Persons interested in such properties make their representations at a Court of Inquiry presided over by the Housing Director.

During the past year there were four such Public Inquiries, one on the 24th April, a second on the 29th June, a third on the 4th September, and the fourth on the 20th November. The findings of these Inquiries may be summarised thus :—

Number of Section 23 Enquiries	....	4
Number of Premises dealt with under Section 23	....	196
Number of Premises dealt with under Section 25	....	19
Number of Individual unhealthy houses ordered to be demolished	....	131
Number of Families living in these houses		586
Number of Rooms occupied by these families	....	689
Number of persons involved	....	2,071
Number of Closing Orders made	....	3
Number of Undertakings accepted	....	33
Number of Cases yet to be decided	....	48

Families dispossessed as a result of these activities have a prior claim to Corporation flats and houses. To date the number of dwellings provided by the Corporation for the citizens is well over 30,000. The number of families provided with alternative accommodation by the Corporation during the year is 2,392. Approximately 65% of the families were provided with alternative accommodation as a result of general overcrowding, clearance and dangerous buildings. The remaining 35% are accounted for by allotments to newly-weds, T.B. cases, basement dwellers and various miscellaneous cases.

SECTIONS 11 AND 12 HOUSING (AMENDMENT) ACT, 1948.

Number of Premises surveyed and regis- tered to date	....	6,824
Number of Permissions granted	....	6,823

Number of Permissions refused	....	1
Number of Re-Inspections carried out during 1951	.... ....	2,203
Number of warning letters to owners re commitments under condition 'A'.	....	735

Since 30th April last, when four of our inspectors and the Housing Liaison Inspector took up duty in the Housing Allocations Office and initiated a new procedure of inspection, investigation and recommendation in the case of housing applicants, these officers have inspected 3,318 cases. Not only were inspections carried out at the homes of the families who made application but in addition it is estimated that some 28,000 housing inquiries were dealt with at the Office counter, the weekly average being seven to eight hundred.

BYE-LAW 6 RETURNS.

At a conference held in the Housing Director's Office on the 12th June, 1951, in connection with the revisions in the Housing Amendment Act, 1948, re Multiple Dwellings, the Housing Director suggested with reference to the control of tenement property that the enforcement of any repairs or temporary improvements could possibly be better dealt with under the powers conferred by previous legislation. It was suggested at the conference that where it was required to render a tenement house fit for human habitation by the provision of additional water closet accommodation or a supply of water for domestic use or both, procedure should be by way of our bye-laws with respect of working class lodging houses made by the Corporation under the Public Health (Ireland) Act, 1878, and the Housing of Working Classes Acts, 1890 to 1919, particularly by way of Bye-law 6. The Housing Director stated that he would like to be informed by the end of the year how this matter progressed, and how the cases were received in Court. Lists were prepared for our Inspectors by the Clerical Staff engaged in Multiple Dwellings of premises where

it was given as a condition of occupation of the premises as a multiple dwelling that additional sanitary accommodation should be provided, and these provisions had not been complied with. In these cases our Inspectors served Notices by way of Bye-law 6. Hereunder a summary of works done under that Bye-law :—

KEY TO BYE-LAW 6 RETURNS.

A—Notices served. B—Notices complied with. C—Prosecutions.

D—Water Closets. E—Sinks.

Districts.	A	B	C	D	E
1 ...	9	6	nil	8	5
2 ...	24	9	5	7	12
3 ...	8	7	1	0	5
4 ...	17	10	3	9	8
5 ...	30	2	—	11	26
6 ...	16	4	2	1	3
7 ...	26	12	5	9	11
8 ...	18	9	11	11	9
9 ...	23	5	—	9	14
10 ...	8	4	1	3	8
11 ...	9	—	2	2	7
12 ...	20	8	—	1	6
13 ...	9	2	—	1	1
14 ...	10	—	—	—	—
15 ...	20	6	nil	—	4
16 ...	8	4	—	4	2
17 ...	10	5	—	5	—
18 ...	11	4	—	3	4
19 ...	6	3	3	—	2
20 ...	8	4	—	1	3
21 ...	4	2	1	—	2
22 ...	294	106	27	78	132

I am happy to say that this procedure has proved very successful in Court. The District Justice had no hesitation in imposing heavy fines on persons who failed to comply with the Bye-law. Special extensions of time were granted where there were cases of grave hardship. I consider the result very fortunate, particularly in view of the fact that plumbing materials are scarce at this time.

Sanitary work concerning other Departments :—

CITY ARCHITECT.

942 cases of apparently dangerous buildings were reported to the City Architect's Department and appropriate action in these cases was taken by the inspectors of Dangerous Buildings.

DISINFECTION DEPOT.

Bug infested premises (253) were reported to the above Department and also 333 premises found to be infested with rodents. Attached to this Section is a rodent control squad of operatives who disinfect premises of rodents at nominal cost.

FIRE BRIGADE DEPARTMENT.

58 reports of premises wherein there appeared to our inspectors to be a serious fire-risk were sent to the Chief Officer of the Fire Brigade Department. Under Section 7 of the Fire Brigade Act, 1940, the sanitary authority may serve a Notice on the proprietor of a potentially dangerous building a ' fire precautions notice ' prohibiting or restricting the use of the building.

WATER CONSUMERS SECTION.

In the course of their district inspections our inspectors discover many cases of defective or leaking water supplies. It can be understood that in a large city a great number of leakages would seriously impair the water pressure system, and could have serious consequences at a time of drought. During the year, 947 cases were referred to the above Dept.

MOSQUITO CONTROL.

Anti-mosquito measures in the Howth, Sutton and Raheny area re-commenced in April this year. Early evidence was found of infestation by the type known as *Theobaldia Annulata*, though the degree of infestation was noticeably less than during former seasons.

Aedes Detritus was also found. These types are non-malarial, but can seriously diminish the comfort of residents.

The principal breeding grounds which were sprayed this year were :—

(1) Corr Bridge, (2) Baltray, (3) Connors Bottoms, (4) Strand Road, (5) Lily Pond, (6) Church Lane, (7) Baldoyle Road Junction, (8) Kilbarrack Lane, (9) Windmill Lane, (10) Betty's Glen, (11) Maryville, (12) Sutton Beach.

This nuisance is being dealt with by (a) a long term policy and (b) immediate remedial measures.

Much progress has been made with the long term policy and some of the most prolific breeding grounds have disappeared. The immediate remedial measures consist of :—

- (1) Larvaecidal spraying.
- (2) 'Sewing' with sawdust impregnated with the larvaecide.
- (3) Drip-cans.
- (4) House to house visits.
- (5) Bottles filled with split corks.
- (6) The abatement of sanitary defects in the area.

Approximately 1,000 gallons of larvaecidal solution were used. Thirty 'drip-cans' were placed in position and maintained. Six hundred houses were visited and the occupiers were supplied with written instructions on how to deal with this menace.

As in previous years the larvaecidal solution used was 5 parts 5% D.D.T. Solution in paraffin to one part Diesolite. It again proved an effective weapon.

There was a remarkable falling off of complaints of insect nuisances from the area during the season. In all only six complaints were received from Spring to Autumn.

The District Health Inspector in the Howth Area as well as carrying out the ordinary duties of a Health Inspector has additional duties under the T.B. Domiciliary Care Branch (issuing of food vouchers), visits blind pensioners, supervises the preparation of school meals in the three National Schools in the area, and dispenses D.D.T. powders and emulsions.

PATRICK COEN,
Chief Health Inspector.

HOUSING ACCOMMODATION PROVIDED—YEAR 1951.

	1R	2R	3R	4R	5R	6R	TOTAL
COTTAGES.							
Donnycarney (Specials)	—	—	—	—	14	—	14
Sarsfield Road ...	—	—	47	4	—	—	51
Captain's Lane ...	—	—	—	474	—	—	474
Ballyfermot Lower ...	—	—	—	595	1	—	596
Inchicore ...	—	—	—	74	—	—	74
Danespark ...	—	—	—	30	—	—	30
Howth ...	—	—	—	4	—	—	4
Ennis Grove ...	—	—	—	15	—	—	15
Brickfields (Sec. 1) ...	—	—	—	249	—	—	249
Finglas West ...	—	—	—	205	—	—	205
TOTAL COTTAGES ...	—	—	47	1,650	15	—	1,712
FLATS.							
St. Brigid's Gardens ...	—	—	74	24	—	—	98
St. Teresa's Gardens ...	—	—	224	93	—	—	317
TOTAL FLATS ...	—	—	298	117	—	—	415
RECONDITIONING							
Upr. Sean McDermott St. ...	10	12	11	—	—	—	33
Upr. Sean McDermott St. (Extn.) ...	6	21	—	8	—	—	35
Summerhill ...	6	10	21	12	—	—	49
York St. (Sec. 1) ...	9	2	11	5	—	—	27
TOTAL RECONDITIONING ...	31	45	43	25	—	—	144
GROSS TOTALS ... (Cottages, Flats and Reconditioning).	31	45	388	1,792	15	—	2,271

Total Number of Dwellings provided by Dublin Corporation to 31st December, 1951 ... 31,026

Total Number of Dwellings provided under 1932 Act to 31st December, 1951 ... 21,651

REPORT OF PORT MEDICAL OFFICER.

The principal laws relating to Port Health Administration are the Public Health Act, 1878, and subsequent Acts ; Rats and Mice Destruction Act, 1919 ; Public Health (S.E.) Preservatives etc., in Food Regulations, 1928 ; Foot and Mouth Disease (Disposal of Swill) Order, 1937 ; the Health Act, 1947 ; Infectious Diseases Regulations, 1948 ; Infectious Diseases (Shipping) Regulations, 1948 ; Food Hygiene Regulations, 1950. The Port Health Inspectors carry out inspection of crews' quarters, etc. ; inspection of imported foodstuffs ; duties in connection with destruction of rodents on ships and in the port ; prevention of the introduction into the country of infectious diseases ; prevention of the landing or throwing into the harbour of domestic refuse from ships. During the year 1951 the International Sanitary Regulations were adopted by WHO. The subject matter of these Regulations is covered in the Infectious Diseases Regulations, 1948, and the Infectious Diseases (Shipping) Regulations, which conform with the above international sanitary regulations.

AMOUNT OF SHIPPING ENTERING THE PORT DURING THE YEAR.

	No.	Tonnage	Number from Infected Ports	Number on which infectious disease occurred.	
				Treated prior to arrival	Treated here
Foreign ...	1,014	1,719,386	65	3	1
Coastwise ...	3,510	1,735,100	—	—	—
Total Foreign and Coastwise	4,524	3,454,486	65	3	1

In the year 1934, 1,120,118 tons of foreign shipping entered the Port. That was the only pre-war year in

which the foreign tonnage reached the million mark. During the war years, of course, the amount of foreign shipping which entered the port was very low, but the following figures will indicate how trade at Dublin Port is increasing :—

FOREIGN SHIPPING.

Year	Tonnage	Year	Tonnage	Year	Tonnage
1938	799,430	1946	492,949	1949	1,354,692
1939	691,205	1947	1,338,940	1950	1,528,833
—	—	1948	1,298,994	1951	1,719,386

This increase in foreign trade at the Port has increased the importance of public health work there. Before the war ships from infected ports rarely came to Dublin, indeed, a whole year might pass without any such arrivals, but in the year under review the number was 65. An additional Health Inspector at the Port was appointed towards the end of the year. Whilst this may improve the scope of inspection at the Port, further additions to the staff will become necessary if full inspection at the Port is to be maintained on the same lines as that at the principal Ports of Great Britain and elsewhere.

The word “infected” in relation to a port means a port from which has been reported plague, cholera, yellow fever, smallpox or typhus. No cases of these diseases had occurred on any of the vessels which arrived during the year. One case of suspected malaria had occurred on a vessel but had recovered before arrival at Dublin. One case of suspected dysentery was treated at another port and had also recovered before arrival here. A member of the crew of a ship from an infected port was sent to Clonskea Fever Hospital as he had a high temperature. The cabin etc. was disinfected by the Corporation Disinfecting Staff. The complaint proved to be non-infectious. A case of measles on another vessel which came here via a

cross-Channel port (where the patient had joined the ship) was removed to Cork Street Fever Hospital. A notification was received from the Medical Officer of Health to a British port that a ship bound for Dublin had landed a case of measles there. The ship's personnel were all in good health on arrival here. One case of chickenpox on a vessel from Great Britain was removed to Cork Street Fever Hospital.

Shipping agents' doctors attended to several other illnesses on shipboard.

During the year an outbreak of smallpox occurred in a European country and we gave special attention to ships arriving from that country. The passengers and crews were questioned as to the areas they had been in while in the country concerned, their health and vaccination. In the case of passengers, their names and the addresses to which they were proceeding were noted. Where the addresses were outside the city of Dublin, the local Chief Medical Officers were notified. During the period of the outbreak 17 vessels, carrying 19 passengers, arrived direct from the affected country and in addition, 17 vessels arrived which had recently been there. None of these vessels is included in the 65 previously mentioned as coming from infected ports, as the disease occurred in an inland district. It would have been a very difficult (and unsatisfactory) task to check the thousands of passengers arriving daily on cross-channel boats in order to detect possible travellers from the affected area. However, as aliens are required to report to the Department of Justice within 24 hours of arrival in this country, we contacted that Department, and they very kindly notified us when they received reports from travellers arriving from the area in question.

When a foreign-going ship is arriving at a port in this country she must, under Section 10 of the Infectious Diseases (Shipping) Regulations, 1948, show certain signals. One of these is called the "Q flag" which is a square yellow flag. This denotes, contrary to popular belief, that the ship is **healthy**. A **Suspected**

vessel should show two “ Q flags ”, one over the other, or one “ Q flag ” over another flag which is called the “ 1st substitute ” (a yellow and black triangular flag). An **infected** vessel will show the two flag signal “ QL ” i.e. the “ Q ” flag over the “ L ” flag. This latter is a square flag divided into quarters, two of which are yellow and two black. The above are the daytime signals. By night there is only one signal, a red light over a white light (not more than six feet apart) which indicates that the ship is not yet cleared and therefore no person is to board or leave the ship except those empowered to do so under the Regulations.

When a foreign-going vessel arrives in port the Master, under Section 13 of the Regulations, fills in and signs a Maritime Declaration of Health, which he then gives to the Chief Medical Officer, Customs Officer, or Health Officer, whoever first boards the ship. This Declaration must be forwarded to the Local Health Authority by the Officer who receives it. During the year 1,112 foreign-going vessels entered the port and were examined after berthing (this figure includes some foreign-going vessels which were, for a time, engaged on cross-channel and coastwise trade). The principal foreign ports from which vessels arrived (not counting intermediate ports at which they may have called during the voyage) were as follows :—

LIST OF PORTS.

Antwerp	Bastia	Burriana
Aruba	Bordeaux	Boston
Amsterdam	Bilbao	Bandholm
Almeria	Bayonne	Burea
Aalborg	Bremen	
Abo	Barcelona	Calcutta
Abadan	Balikpapan	Charlston
Antilla	Baltimore	Curacao
Abonnema	Beiruth	Chalna
Aarhus	Buenos Aires	Campbellton
	Bahrein	Casablanca
Beira	Boolsta	Cadix
Bona	Brisbane	Capetown

LIST OF PORTS—*continued.*

Cienfuegos	Haukipudas	Mombyasa
Caen	Hamina	Malaya
Callao	Houston	
Candia	Hong Kong	New York
Cuxhaven	Halifax	Newport News
Cartagena	Hango	Nelson
Conarky	Hafnafjordur	Norfolk, Va.
Copenhagen	Halmstad	New Orleans
	Helsingborg	Naples
Dominica	Helsinki	Norrkoping
Dieppe		Neuvidas
Denia	Itajai	Nykjobing
Djarkarta	Izmir	
Dunkirk	Istanbul	Otaru
Drammen		Oporto
Durban	Jacksonville	Onega
Deauville		Oslo
	Kotka	Odense
Esbjerg	Kemi	
	Kure	Porsgrunn
Fremantle	Karlshamm	Philadelphia
Flushing	Kiel	Patras
Falkenborg	Karlskrona	Piræus
Furuocgrund	Katakolo	Port Allegor
Farmagusta	Kalamata	Pitea
	Kalamaki	Pomaron
Genoa		Port Matanzes
Gothenburg	Lisbon	Point-a-Pierre
Ghent	Lubeck	Port Saint Joe
Gefle	Limassol	
Guadalupe	Lulea	Rotterdam
Galveston	Las Palmas	Rouen
Guantanamo	Lagos	Rijeka
Gdansk	Leixoes.	Rafso
Gydnia		Reime
Guayabal	Montreal	Roseau
	Mantyluoto	Reykjavik
Hamburg	Manksund	Rangoon
Huelva	Middlearnis	
Hernosand	Makassar	St. John (N.B.)
		Sfax

LIST OF PORTS—*continued*.

Seville	Townsville	Vlaardingen
Sarnas	Teneriffe	Viana-do-Castello
Stettin	Three Rivers	Vasteras
Stralsund	Trieste	Varberg
Sydney	Tunas da Zaga	Valparaiso
Szczecin	Tel-Aviv	Venice
Sapele	Tonnay Charent	
Savannah		Willmington
San Juan	Uddevalla	Warri
Samerang		Wellington
Singapore	Vancouver	Wismar
Svanborg	Vigo	
	Vizagapatam	Yokohama
Trinidad	Valencia	

Ninety Cross-channel and coastwise ships were inspected.

Owing to the replacement of the thousands of vessels lost in the recent war, a large proportion of the ships trading to-day are new or comparatively new, and the conditions regarding crews' accommodation etc. are therefore good. Sanitary nuisances are, of course, still found, especially on the old-type vessels.

SANITARY NUISANCES ABATED.

Description.	Number.
Dirty Forecastles	21
Dirty wash-houses etc.	12
Dirty w.cs	15
Defective ports and skylights	20
Defective chainpipes	1
Defective w.c. fittings	8
Leaky decks	8
Bug infestations	5
Cockroach infestations	6
TOTAL	96

INFECTIOUS DISEASES REGULATIONS, 1948, ARTICLE 20.

Under this Article, rags and used clothing imported from any place outside Great Britain and Northern Ireland must be disinfected on importation. Similar articles coming from the above mentioned places must also be disinfected on importation if they are not accompanied by a certificate of disinfection from the medical officer of health for the area from which they came. During the year 238 packages of such materials were disinfected at our Disinfecting Depot.

Three consignments of waste paper (1,041 bales, totalling 192 tons) arrived here from the Continent and were detained at the port as there were rags mixed through the paper. As the cost of disinfection would have been very high compared with the value of the goods, the exporter decided to re-export them, and this was done.

FOOT AND MOUTH DISEASE (DISPOSAL OF SWILL) ORDER 1938.

According to this Order, domestic refuse from ships is not to be landed in this State or thrown into harbours. However, it is sometimes found necessary, in the case of visiting naval vessels, and big merchant ships which may be a long time in port, to remove the refuse. The refuse is taken to the Corporation destructor at Stanley Street and burned. The truck, bins, and personnel concerned are then disinfected at Marrowbone Lane Disinfecting Depot.

Refuse was removed from 10 vessels during the year and the above procedure carried out. The Port Health Inspector and an inspector from the Department of Agriculture supervised this work.

RATS AND MICE DESTRUCTION ACT, 1919.

109 yards and sheds were inspected in connection with the keeping of premises clean and free from food

refuse and the prevention of facilities for rat harbourage. The Dublin Port and Docks Board and the Shipping companies with stores and transit sheds at the port, carry out regular rat poisoning campaigns. Old transit sheds have been, and are being, replaced by modern structures in which the facilities for rat harbourage are reduced to the minimum.

INFECTIOUS DISEASES (SHIPPING) REGULATIONS, 1948,
ARTICLE 19, 20, 21.

Under these articles, which are made in accordance with Article 28 of the International Sanitary Convention of Paris, 1926, every foreign-going ship is required to have a Deratisation Certificate or Deratisation Exemption Certificate. Each of these certificates is valid for six months. A deratisation Certificate is issued to a ship after it has been deratted. A Deratisation Exemption Certificate is issued if there are no rats on board, or if the vessel is maintained in such a condition that the number of rats is kept as low as is reasonably possible.

DETAILS OF VESSELS INSPECTED FOR RENEWAL OF CERTIFICATE.

Number Inspected	Number fumigated	Number with slight infestation	Number rat free	Number of De-ratisation Certs. issued	Number of Exemption Certs. issued
52	2	16	34	2	50

Up to a few years ago fumigations were carried out by the Corporation Disinfecting Staff by the burning of sulphur. This was a slow method, and it was dangerous owing to the fire risk. Now the fumigations are carried out by commercial firms using hydrogen cyanide. This method is very effective, fast and the risk of fire is eliminated. However, it is a very lethal gas. The fumigators are specially trained men and are very efficient. They wear gas masks, and they must search the ship before commencing fumigation

to see that no other persons are on board. They must also test the vessel to ensure that it is gas free before allowing the ship to be re-occupied. These operations are supervised by the Port Health Inspector.

FOOD HYGIENE REGULATIONS, 1950.

The following are some of the provisions of Chapter II of the above Regulations relating to the importation of food :—

(a) A person who imports into the State any article of food intended for sale for human consumption, any food animal or any food material which is diseased, contaminated or otherwise unfit for human consumption shall—

(i) notify the chief medical officer of the district in which it is or, in the case of cereals a cereals officer acting in such district, that it is or is suspected to be diseased, contaminated or otherwise unfit for human consumption.

(ii) comply with such directions as the said chief medical officer or the said cereals officer may give as to the place in which and the conditions under which it may be kept and

(iii) destroy it, re-export it, do such things as may be approved by the said chief medical officer for the purpose of rendering it fit for human consumption or, with the approval of the said chief medical officer or the said cereals officer, otherwise dispose of it.

(b) Where an article of food intended for sale for human consumption, a food animal or food material has been or is about to be imported into the State, the local chief medical officer may make a prohibition order in relation thereto if—

(i) on examination of such article, animal or material or

(ii) on consideration of the report of an

authorised officer who has examined such article, animal or material,

he is of opinion that it is diseased, contaminated or otherwise unfit for human consumption.

Where a consignment of articles of food intended for sale for human consumption, food animals or food material has been or is about to be imported into the State, the local chief medical officer may make a prohibition order in relation thereto or to a specified part thereof if—

(i) on examination of a sample of such consignment or

(ii) on consideration of the report of an authorised officer who has examined a sample of such consignment,

he is of opinion that such consignment or a specified part thereof is diseased, contaminated or otherwise unfit for human consumption.

(c) No person shall import for sale for human consumption or for use as food material—

(i) any meat or meat product without an official certificate unless such meat is imported from Northern Ireland, Great Britain, the Isle of Man or the Channel Islands or

(ii) any meat which is prohibited meat.

(d) The local chief medical officer may require that a particular importer, all importers of a specified class or all importers of a particular food or of food, food animals, or food material of a specified class shall notify him or an authorised officer nominated by him beforehand of his intention to import any such food, food animal or food material.

An importer shall comply with a requirement made under sub-article (1) of this Article and shall also give the chief medical officer or authorised officer such information as he may reasonably require as to the nature of the article, animal or material proposed to be imported and the importation thereof.

As a result of the inspections of imported foodstuffs by the Port Health Inspector the following actions were taken :—

Two cargoes of rice were detained as they were found to be weevil infested. In each case the rice was fumigated, then aspirated and screened to remove the dead insects before being released. This process gives excellent results. One cargo of cocoabeans was also fumigated.

2,400 cans of pears, peaches and apricots were destroyed as they were unfit for human consumption.

I wish to express my appreciation for the co-operation received during the year (as in previous years) from the Dublin Port and Docks Board, Customs Authorities, Department of Agriculture, Department of Defence, shipping companies, shipping agents, importers, and the Department of Justice.

I would also like to take this opportunity to pay a particular tribute to the work of our senior Port Health Inspector, Mr. P. Conroy, for his help in an exceedingly difficult year in Port Health work.

J. A. HARBISON,

Port Medical Officer.

CITY BACTERIOLOGICAL LABORATORY,

The attached list shows the work done in the Laboratory during the year. Specimens are received from Clonskeagh Fever Hospital and St. Mary's, Rialto, and Pigeon House Sanatoria, from the Tuberculosis Dispensaries at Charles Street, Nicholas Street and Lord Edward Street, and from the Mass Radiography, Infant Welfare, School Medical, and B.C.G. Departments. Specimens collected by the Health Inspectors during the investigation of Infectious Disease, the follow-up of contacts and the discovery and control of carriers are sent here for examination. Medical Practitioners send specimens from their necessitous patients whom they certify to be unable to pay for the examination. Samples of food suspected of having caused illness or taken in the routine inspection of foodstuffs are sent here by the Veterinary and Sanitary Departments. Samples of Water from the City supplies are examined daily and untreated and treated water from Roundwood, Poulaphouca, and Boher-nabreena reservoirs at frequent intervals.

The total number of specimens examined shows an increase of 3,460 over the previous highest total. As has been the case in the last few years, specimens to be examined for the presence of Myco. tuberculosis formed by far the greater part of the work done, and examination by culture was asked for in the case of one in four of them approximately. The percentage of these found positive on culture but negative by direct methods was 19.3. Gastric Contents and Laryngeal swabs gave percentages of 21.2 and 17 respectively. The number of specimens to be examined for the presence of *C. diphtheriae* continued to decline, and *C. diphtheriae* was isolated on only one occasion.

There has been no change in the personnel of the Laboratory during the year.

J. H. STRITCH, M.D.,

City Bacteriologist.

**List of Bacteriological Examinations during the year
ended December 31st, 1951.**

Samples of—

Water	....	....	....	....	930
Food	....	....	....	....	15
Milk	....	....	....	....	1

Swabs for—

C. diphtheriae	....	....	....	613
β . haemolytic Streptococci	....	....	....	375
Organisms of Vincent's Angina	....	....	....	94
Other organisms	....	....	....	86

Specimens of—

Urine	....	....	....	....	797
Faeces	....	....	....	....	388
Pus	....	....	....	....	161
Sputum	....	....	....	....	11,659
Pleural fluid	....	....	....	....	232
Cerebrospinal fluid	....	....	....	....	91
Blood for culture	....	....	....	....	14
Blood for Widal examination	....	....	....	....	59
Blood for Vi agglutination test	....	....	....	....	8

Specimens for Culture for Myco. tuberculosis—

Sputum	....	....	....	....	2,798
Gastric contents	....	....	....	....	848
Laryngeal swabs	....	....	....	....	127

Tests for sensitivity to antibiotics	....	....	....	....	90
Streptomycin sensitivity tests of Myco. tuberculosis	....	....	....	....	604
Animal Inoculations	....	....	....	....	4
Preparation of Tuberculin dilutions	....	....	....	....	27
Various Bacteriological tests	....	....	....	....	14

TOTAL 20,035

DEPARTMENT OF THE CITY ANALYST.

Analyses and investigations were conducted under the following headings :—

1. The Sale of Food and Drugs Acts.
2. The Public Health Preservatives Regulations, 1928.
3. Public Health (Unsound Food) Regulations, 1908, and Food Hygiene Regulations 1950.
4. Analysis in connection with Corporation Supplies.
5. Chemical control of sewage effluent.
6. Analysis of medicines for County Homes and Hospitals.
7. Daily control and fortnightly analysis of the City Water Supply.
8. Analyses for other local authorities under the Food and Drugs Acts and Preservatives Regulations.
9. Miscellaneous analysis for public institutions, companies and private individuals.

GENERAL STATEMENT OF WORK FOR DUBLIN CORPORATION AND CITY OF DUBLIN.

Nature of Article				Number of Samples	Department
Food and Drugs	...	...		3,455	Public Health
City Water Supplies	...	...		69	Engineer's
Sewage	...	...	...	183	"
Effluent	...	...	...	239	"
Sludge	...	...	...	225	"
Water (Special samples)	...	...		11	"
Bostick Cement	...	...		1	"
Bostick Adhesive	...	...		1	"
Asphalt	...	...	...	2	"
Plumber's Solder	...	...		4	"
Brass Tubing	...	...	...	1	"
Rust Neutraliser	...	...		1	"
Liquid from Gas Siphon	...	...		1	"

Nature of Article				Number of Samples	Department
Water	...	...	...	1	City Architect's
Milk	...	...	...	3	Veterinary
Water	...	...	...	5	"
Lobster (Canned)	...	...	...	1	"
Cheese	...	...	...	5	School Meals
Baby Food	...	...	...	4	Child Welfare
Salmon	...	...	...	1	Bacteriological
Syrup Codeine Phosphate	...	...	...	1	Rialto Hospital
Water	...	...	...	1	Sanitary Department
Fat	...	...	...	5	"
Salt	...	...	...	1	"
Milk	...	...	...	1	"
Bread	...	...	...	1	"
Tablets	...	...	...	1	"
Sugar	...	...	...	1	"
Bacon	...	...	...	1	"
Molasses	...	...	...	1	"
Tallow	...	...	...	1	"
Mincemeat	...	...	...	4	"
TOTAL				4,232	

City of Dublin, analyses for
Private Individuals, etc. :—

Private Individuals	....	520	
Dublin Board of Assis-			
tance	....	218	
Grangegorman Mental			
Hospital	....	56	
Total		794	794
Dublin Corporation	....	4,232	4,232
Grand total for City of Dublin	....	5,026	5,026

**Outside City of Dublin, analyses
for Private Individuals, etc. :—**

Private Individuals ....	....	314	
Local Bodies and Hospitals ....	....	6,906	
Total	....	7,220	.... 7,220
Grand Total for the Year	....		.... 12,246

Comparison of the total number of samples analysed
in 1951 with that of previous years :—

Year.	Total Number from all sources.		
1922–1926 (both inclusive)	53,751	
1927–1931 ,, ,, 	68,002	
1932–1936 ,, ,, 	74,209	
1937–1941 ,, ,, 	73,758	
1942 	11,987	
1943 	11,401	
1944 	11,279	
1945 	11,528	
1946 	11,413	
1947 	10,821	
1948 	11,786	
1949 	11,862	
1950 	11,594	
1951 	12,246	

FOOD AND DRUGS ACTS AND PRESERVATIVES REGULATIONS.

Details of articles submitted by the Food and Drugs Inspectors of the Dublin Corporation, and analysed under the above headings are set out below.

The total number of articles submitted was 3,455 of which 104 were “ informal ” samples.

Nature of Sample				Number of Samples	Number adulterated
Milk	...	...	...	2,482	68
Butter	...	...	...	520	5
Margarine	...	...	...	40	—
Rice	...	...	...	77	—
Cheese	...	...	...	19	—
Macaroni	...	...	...	5	—
Semolina	...	...	...	43	2
Sago	...	...	...	28	—
Cornflour	...	...	...	4	—
Custard Powder	...	...	...	2	—
Custard	...	...	...	1	1
Currants	...	...	...	4	—
Cornflakes	...	...	...	2	—
Sausages	...	...	...	4	—
Coconut	...	...	...	2	—
Tapioca	...	...	...	31	—
Buttermilk	...	...	...	1	—
Flake Meal	...	...	...	2	—
Lentils	...	...	...	5	—
Barley	...	...	...	10	—
Pepper	...	...	...	13	5
Sultanas	...	...	...	25	—
Cocoa	...	...	...	2	—
Whiskey	...	...	...	10	1
Bread Soda	...	...	...	6	—
Peas	...	...	...	1	—
Farola	...	...	...	7	—
Raisins	...	...	...	1	—
Jam	...	...	...	4	—

Nature of Sample	Number of Samples	Number adulterated
INFORMAL SAMPLES.		
Milk	80	—
Ice Cream	8	—
Treacle	2	—
Shrimps	1	—
Salt	8	—
Semolina	2	—
Salmon	1	—
Pepper	1	—
Margarine	1	—

MILK.

2,482 samples of milk were taken during the year in accordance with the provisions of the Sale of Food and Drugs Acts. Of these, 68 were found to be adulterated.

32 samples were found to be deficient in milk solids other than milk fat in amounts varying from 4·71% to 19·41%. 22 were deficient in milk fat, the deficiency varying between 10·0% and 35·0%. In the case of 5 samples there was a deficiency in both milk-solids other than milk-fat, and milk-fat, the worst sample showing a deficiency of 20% and 15% respectively.

In addition to the above, 9 samples were found to contain Formaldehyde, present as a preservative, in contravention of the Public Health (Saorstát Éireann) (Preservatives, etc., in Food) Regulations, 1928.

All of the “informal” samples of milk were found to be genuine.

BUTTER.

Of the 520 samples of butter submitted, 5 were found to contain excess water, namely, 18·8%, 18·7%, 18·3%, 17·4% and 18·2% respectively.

According to the Sale of Butter (Ireland) Regulations, 1902, butter should not contain more than 16 per cent of water.

SEMOLINA.

2 out of the 43 samples submitted were heavily infested with live meal mites, and were considered to be unfit for human consumption.

CUSTARD.

This sample was composed entirely of coloured and flavoured maize starch, and contained no trace of eggs. Custard should contain eggs. This sample was, in fact, custard powder, and should have been sold as such.

WHISKEY.

The adulterated sample of whiskey had an alcoholic strength of 28.58 degrees Under Proof, which is equivalent to 5.1 per cent excess water.

Whiskey should have an alcoholic strength of not less than 25 degrees Under Proof, unless otherwise declared by label on the bottle or by notice hung on the premises, where the article is sold.

PEPPER.

5 of the 13 samples of pepper received were found to be adulterated with starch foreign to pepper. In one case the amount was over 50 per cent.

These mixtures may be sold under the designation "Pepper Compound."

ENGINEER'S DEPARTMENT.

738 samples were received during the year from the various sections of this Department. Of that number, 69 were samples of water in connection with the chemical control of the City Water Supplies, namely Vartry, Bohernabreena and Poulaphouca.

In connection with the routine control of the Sewage Disposal Plant 239 samples of Effluent, 183 of Sewage, and 225 of Sludge were examined.

Of the 11 special samples of water received, one was the subject of a complaint of a bad taste and odour from the supply. The sample was found to be quite normal. Two samples were examined for their content of residual chlorine, and another for its content of suspended solid matter. The remaining 7 samples were submitted in connection with a leakage of water into basements to ascertain, if possible, the origin or source of the water. It is rarely possible to give a definite opinion in such cases, owing to the alterations in the character of a water which may occur on percolation through the soil. The samples of Bostik cement and adhesive contained a volatile "thinner", and were examined for their Flash Points. The two samples of asphalt were tested for bitumen content. The specimen of brass tubing was submitted to determine its suitability for use with the City Water Supplies, and the 4 samples of solder for a determination of their content of lead and antimony.

VETERINARY DEPARTMENT.

The tin of lobster was examined in connection with a complaint that it contained particles of glass. It was found to contain glass-like particles which however proved to be crystals of calcium phosphate. The specimen did not contain any glass. The 3 milks were submitted for the phosphatase test for pasteurisation, and the waters in reference to their suitability or otherwise for dairy use.

SCHOOL MEALS COMMITTEE.

The samples submitted from this Department all proved to be in sound condition and of good quality.

CHILD WELFARE CENTRE.

The 4 samples of Baby Food were submitted in reference to complaints that they had caused illness. On examination they were found to be quite normal in all respects.

PUBLIC HEALTH DEPARTMENT AND MEDICAL OFFICER OF HEALTH.

The following samples were taken at the Port of Dublin under the Public Health (Unsound Food) Regulations, 1908 :—Sultanas 4, Pearl Barley 1, Corn-flour 2, Pop Corn 1, Currants 1, Cake Mixture 1. All were found to be in sound condition, except the cake mixture. This article proved to be a mixture of dried fruit, sugar and flour. There was a slight infestation with live meal mites. Whilst its condition did not, in my opinion, warrant its condemnation at the time, I recommended that the article should be used with as little delay as possible. Given suitable conditions in regard to humidity and temperature, the infestation could rapidly develop and spoil the food.

Of the four samples of mincemeat, one showed signs of slight mouldiness. The contents of the remainder were in sound condition. The samples of molasses were found to be free from any objectionable amounts of Arsenic, Lead and other heavy metals.

Two tablets were alleged to have been given a certain individual to cause harm. On analysis they proved to be free from anything of a deleterious nature. They proved, in fact, to be “Antacid” tablets.

ANALYSES FOR OTHER PUBLIC BODIES,
PRIVATE INDIVIDUALS, ETC.

The total number of articles received from all sources, under the above heading during the year was 8,014. The fees received for the analysis of these samples in the same period amounted to £5,102 0s. 6d.

That sum was lodged to the credit of the Corporation in accordance with the terms of my appointment. The following table compares the number of samples analysed under the above heading, and the fees recorded in previous years.

Year		Number of Samples	Fees for analysis		
			£	s.	d.
1922-1926	...	53,751	6,668	18	1
1927-1931	...	45,094	10,011	11	4
1932-1936	...	50,230	9,033	18	5
1937-1941	...	48,681	10,611	5	6
1942	...	7,854	2,379	8	2
1943	...	7,415	2,700	0	6
1944	...	7,476	3,473	10	10
1945	...	7,905	3,655	18	10
1946	...	7,638	3,717	6	1
1947	...	7,298	3,987	15	8
1948	...	8,078	4,252	16	0
1949	...	8,150	4,844	7	8
1950	...	7,625	4,785	6	0
1951	...	8,014	5,102	0	6

In conclusion I wish to express my appreciation of the loyal and capable manner in which the members of my staff carried out their duties.

B. G. FAGAN,
City Analyst.

BLIND PERSONS ACT, 1920.

SCHEME FOR THE WELFARE OF THE BLIND. STATEMENT IN RESPECT OF YEAR ENDED 31st DECEMBER, 1951.

NUMBER ASSISTED IN THEIR OWN HOMES :

Single or Widowed Persons.

Males	254
Females	545
Number of married Blind Men	234
Number of married Blind Women	48
Total	<u>1,081</u>

NUMBER MAINTAINED IN INSTITUTIONS :

Males	95
Females	60
Total	<u>155</u>
Grand Total	<u>1,236</u>

PAYMENTS MADE IN CONNECTION WITH THE SCHEME :

Allowances to Blind Persons in their own homes	£43,696	2	6
Payments to Institutions	4,788	0	0
Grants for Maintenance of Institu- tions	4,500	0	0
Total	<u>£52,984</u>	<u>2</u>	<u>6</u>

PUBLIC CLEANSING.

The Public Cleansing Services comprise three important functions, namely :—

1. Street Cleansing.
2. Collection of Refuse.
3. Disposal of Refuse.

The Cleansing Department is responsible for the cleaning of all the streets, of which there are 480 miles of main road, road gullies and catchpits within the City boundary and the periodic emptying of ashbins and the disposal of the refuse collected therefrom.

STREET CLEANSING.

All the streets are swept weekly, bi-weekly or thrice weekly, depending on their location. The principal streets, and streets in congested areas receive daily attention. Patrols are daily employed patrolling the main thoroughfares collecting and disposing of litter.

Petrol-driven vacuum gully emptying machines are utilised for emptying the catchpits connected with the road gullies.

There has been a noticeable increase in the amount of waste paper left lying about, and it has been necessary to increase patrols before and after the usual hours to deal with this.

For the year ending December, 1951, 30,849 tons of street sweepings were collected and disposed of at the various disposal grounds and depots.

On Sundays a limited staff is engaged on street cleansing work.

REFUSE COLLECTION.

Domestic refuse collections are made thrice weekly in the centre city area, twice weekly in other areas and once weekly in residential areas.

Petrol and Diesel driven refuse collection vehicles, varying from three to five tons and fitted with hydraulic tipping gear and with sliding covers to prevent scattering of contents, (in the central city area dustless barrier-type collection vehicles are used) and are utilised for the collection of domestic refuse, street refuse, etc.

For the year ending December, 1951 the total quantity of domestic and trade refuse collected was $160,116\frac{1}{4}$ tons, equivalent to an average yield of 16·5 cwt. per thousand of population per day. $157,855\frac{3}{4}$ tons were disposed of on the various disposal grounds, principally at East Wall Road (foreshore reclamation) on the north side of the City and Irishtown (foreshore reclamation) and North Crumlin (disused clay pits) on the South side, which is being filled in for use as a public park. $2,260\frac{1}{2}$ tons were consumed at the Stanley Street Destructor. In addition traders themselves transported 45,837 tons of refuse to the various tipheads (including 338 tons consumed at the Destructor).

PUBLIC CONVENIENCES.

There are eighty-eight public conveniences in the City which are washed and cleansed daily.

WATER SUPPLY.

The domestic water supplied to the City is from three sources : the River Vartry, the River Liffey, and Bohernabreena. All have upland catchment areas with large storage reservoirs. The Vartry and Bohernabreena supplies are purified initially with slow sand filters, and subsequently the Vartry water is chlorinated at both Roundwood and Stillorgan and the water from Bohernabreena is dosed with chloramine at Ballyboden. Water from the River Liffey is purified by chemical precipitation, using rapid gravity filters.

Howth area is supplied partly by Vartry and partly by a small local reservoir at Balcill, the water from which is treated by slow sand filters and by chlorination.

Fortnightly chemical and weekly bacteriological tests are made of all the filtered water, and tests of the raw water and of water at intermediate stages of purification are also made regularly.

Throughout the year the chemical analyses showed only those seasonal changes which have been known to occur over a long number of years.

The average daily consumption of water at present is 32·5 million gallons, of which approximately 12 millions are drawn from the River Liffey, 3½ millions from the Bohernabreena catchment, and 17 millions from the Vartry.

E. J. BOURKE, M.E., B.SC.,
City Engineer.

TARA STREET BATHS AND WASH-HOUSES.

	1951	1950	+ or -
Swimmers	106,687	99,658	+ 7,029
Reclining Baths (Male)	37,382	37,229	+ 153
Reclining Baths (Female)	9,024	8,739	+ 285
Wash-house	23,083	23,438	- 355
Total Visitors ...	176,176	169,064	+ 7,112
Total Revenue ...	£4,118-0-5	£4,068-17-1	+ £49-3-4

The previous year's increase in the number of patrons continued during the year, except in the case of those availing of the wash-house facilities provided. This latter reduction is attributable to the movement of families from the central city districts to the new Corporation housing areas near the boundary.

The special facilities made for the use of the swimming ponds at the Establishment, by children attending the primary and secondary schools are reflected in the increase of 7,029 shown under the heading of "Swimmers".

The two Swimming Ponds were booked for evening swimming throughout the Summer and Winter Seasons. They were availed of by the Irish Red Cross Society, E.S.B., Dublin, Pembroke, North Dublin, Vocational, Irish Amateur Swimming Association, Royal Life Saving Society, College of Surgeons, University College, Trinity College, Guinness, Alex. Thom, Irish Shell, Olympus Physical Culture, Irish Press Social and Athletic Club, Clontarf, Pembroke Ladies, Dublin Ladies, Republican, Association of Juvenile Catholics, Imperial, O'Connell School Union Boys' Club, Mr. J. J. Conway, Stella Maris Boys' Club, Clongowes Boys' Club, St. Francis Xavier Boys' Club, Belvedere Newsboys' Club, St. John Mary Vianney Boys' Club, St. Colmcille Boys' Club, Rockwell Boys' Club, Dublin Battalion Boys' Brigade, May Roberts Social Club, St. Stanislaus Boys' Club, Knights of Malta, C.Y.M.S., 21st Dublin Co. Boys' Brigade, Girls' Brigade, Half Moon.

STATEMENT SHOWING WORK PERFORMED BY DISINFECTING BRANCH FOR YEAR—1951.

Quarter of Year	Dwellings Disinfected	Rooms Disinfected	Removals of Clothing	Articles Disinfected	Articles Washed	Disinfections after Phthisis	Beds Supplied	Mattresses Supplied	Persons using Baths in Depot
1st ...	731	1,598	571	43,799	85	476	—	—	—
2nd ...	787	2,035	676	45,978	77	531	—	—	—
3rd ...	640	1,416	657	47,649	94	536	—	—	—
4th ...	580	2,121	632	45,767	89	402	1	—	82
TOTALS	2,738	7,170	2,536	183,193	345	1,945	1	—	82

RETURN SHOWING WORK CARRIED OUT BY DISINFESTATION BRANCH
FOR THE YEAR, 1951.

TOTAL NUMBER OF DWELLINGS VISITED, 3,701.

No. of Rooms Infested with and treated for	Number Infested	Number Treated	No. of Beds Infested with and treated for	Number Infested	Number Treated	Persons treated for Lice	
Bugs ...	1,150	1,150	Bugs ...	1,476	1,476	Head	Pubic.
Bugs, Fleas ...	271	271	Bugs, Fleas ...	23	23	10	—
Bugs, Flies ...	59	59	Bugs, Lice ...	265	265	—	—
Bugs, Other Insects ...	65	65	Bugs, Other Insects ...	30	30	—	—
Bugs, Fleas, Flies ...	35	35	Bugs, Fleas, Lice ...	75	75	—	—
Bugs, Fleas, Flies and Other Insects ...	—	—	Bugs, Fleas, Lice and Other Insects ...	23	23	—	—
Fleas ...	912	912	Fleas ...	7,836	7,836	—	—
Fleas, Flies ...	25	25	Fleas, Lice ...	—	—	—	—
Fleas, Other Insects ...	16	16	Fleas, Other Insects ...	10	10	—	—
Fleas, Flies Other Insects ...	17	17	Lice ...	13	13	—	—
Flies ...	7,062	7,062	Lice, Other Insects ...	—	—	—	—
Flies, Other Insects ...	7	7	Fleas, Lice, Other Insects Other Insects ...	70	70	—	—
Other Insects ...	152	152		—	—	—	—
TOTAL Number of Rooms Infested and Treated ...	9,771	9,771	TOTAL Number of Beds Infested and Treated	9,821	9,821	10	52

RODENT CONTROL RETURN.

Year ending 31st December, 1951.

The following is an account of the operations of the Rodent Control Staff during the year ended 31st December, 1951.

OVERGROUND.

Complaints and Requests received	....	668
Surveys	....	1,074
Letters written to Owners and Occupiers		223
No action necessary	....	335
Statutory Notices served	....	3
Treated by Owner	....	52
Treated by Commercial Operators	....	12
Treated by Corporation	....	269
Rats killed by Corporation	....	4,492

SEWERS.

Sections of Sewers each of approx. 60 manholes treated	....	104
Rats killed	....	18,285

PLACES OF PUBLIC RESORT.

The number of places of public resort in regular use in the City during the year was 87—one less than last year, the number of theatres having been reduced to 6 by the disastrous fire at the Abbey Theatre on the night of the 17/18 July. The number of Cinemas remained at 38, and of dance halls at 42. The National Boxing Stadium was developed to provide facilities for the presentation of Ice Carnivals and other athletic forms of entertainment.

The number of halls used occasionally for concerts, drama and other forms of public entertainment continued to increase, and reached a total of 60.

Two new drama halls were opened during the year. One of these, the Rupert Guinness Hall, provided temporary accommodation for the Abbey Players prior to their transfer to the Queen's Theatre.

Alterations, additions and improvements were made during the year to 16 premises.

Officers of the several appropriate Corporation Departments continued to give supervision to the City's places of public entertainment with a view to securing proper standards of safety, hygiene and convenience at such places.

The number of inspections made during the year was 1,570.

